CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

3907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation—no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:

C. P. Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

G72151

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9167 G72151 Registered No.

1. NAME OF DECEASED (Type or Print): CATHERINE COLEMAN N 948

2. DATE OF DEATH: March 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Address unknown 26 12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white		?	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		?	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
(B) Second & third degree Burns of the face, arms, and shoulders.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(INTERVAL BETWEEN ONSET AND DEATH)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	hospital	Baltimore City Hospital 26/12

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
3 ? 49 ? m.		Lighted cigarette set bed afire

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		March 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Johns Hopkins Medical School	MAR 15 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 15 1949	Deputy for Baltimore, Md.	Commissioner of Health	

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BIRTH NO. 172:52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 191 Registered No. 172:52

1. NAME OF DECEASED (Type or Print): eorge Lyle

2. DATE OF DEATH: 2/21/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-5
D. STREET ADDRESS (If rural, give location): Unknown

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns- opkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 67 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer of Face
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. *thereon and from the evidence obtained at said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L Rogers M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 2/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Johns Hopkins Medical School
24D. LOCATION (City, town, or county) (State): MAR 15 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 15 1949
REGISTRAR'S SIGNATURE: Martin F. Williams, Jr.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

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G72453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G72453

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE EBERT REIER

2. DATE OF DEATH MARCH 14, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1 North Smallwood St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 North Smallwood St.

c. Length of stay in Baltimore 60 YRS. Yrs. Mos. Days 20 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	White	MARRIED	NOV. 15, 1878	70	3 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PBX Operator	St. Joseph's College	MARYLAND	U.S.A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	NONE	?	LYDIA REIER	1 North Smallwood St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Stomach	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) —	
DUE TO		
	(C) —	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1948	Ca of Stomach + Metastasis	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-14-49, *to* 3-14-49, *that I last saw the deceased alive on* 3-14-49, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	39 E. Lexington	3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAR. 17, 1949	Loudon PARK	BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 15 1949	[signature]	GEO. L. Schwab	2101 FREDERICK AVE.

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Dr H. W. Scheye

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G724:54

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 v 1

G724:54

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Ellen Emmons

2. DATE OF DEATH: Mar. 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 4726 Ivanhoe Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: 10 – Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 4726 Ivanhoe Ave 27-10

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sept. 28, 1865
9. AGE (In years last birthday): 83
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph M. Fowble
14. MOTHER'S MAIDEN NAME: Julia Ann Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None

17. INFORMANT: Reese Travers, 4726 Ivanhoe — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-vascular disease — years

DUE TO

(C) Senility

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* June, 1948, to 3/15, 1949, *that I last saw the deceased alive on* 3/14, 1949, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Anthony J. Thomas M. D.
23B. ADDRESS: 4600 York Rd
23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar. 17, 1949
24C. NAME OF CEMETERY OR CREMATORY: Black Rock
24D. LOCATION (City, town, or county) (State): Balto. Co., Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 1 6 1949
REGISTRAR'S SIGNATURE: Timothy for Williams, M.D.
25. FUNERAL DIRECTOR: London M. Brooks, Sparks, Md — ADDRESS

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6724:55

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 975 8 6724:55

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Lewis E. Fox — N-990 — 2. DATE OF DEATH: 3 14 49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. General Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 627 N. Augusta Ave. 16 0 8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Widowed	Dec. 18, 1874	74	2	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Habardasher	Balto. Md.	US A

13. FATHER'S NAME: Lewis C. Fox

14. MOTHER'S MAIDEN NAME: Annie Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	212-18-2621	Edwin H. Fox	627 N. Augusta Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to

DUE TO

(B) Drowning

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Gwynns Falls South side of Edmondson Bridge

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/24/49 5P m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Jumped off bridge into water

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X] homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: W. P. McClafferty M.D. — 23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ] — 23C. DATE SIGNED: 3 15 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 16 1949	Loudon Park	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949 — REGISTRAR'S SIGNATURE: Hunter for Williams, — 25. FUNERAL DIRECTOR: Leland Fore — ADDRESS: 2234 W. Baltimore St.

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164B

G72456

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72456

1. NAME OF DECEASED (Type or Print): Anna Witte

2. DATE OF DEATH: 3/13/49 4:45 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1314 Andre St

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1314 Andre St.

5. SEX	6. COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	10/18/1872	76	4 / 25	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	Self	Hungary	

13. FATHER'S NAME: ? Lichtfuss

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Henry Witte ADDRESS: 1314 Andre St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bronco Pneumonia	3 days
DUE TO	Decompensated Mitral Regurgitation	1 mo.
ANTECEDENT CAUSES (B)	Arteriosclerosis & Hypertension	1 mo.
DUE TO	Chronic Interstitial Nephritis	1 mo.
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Carcinoma Lt breast	1 yr. Operated January

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1949, *to* Mch 13, 1949, *that I last saw the deceased alive on* Mch 12, 1949, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. S. A. Stevens M. D.	2818 Harford Rd	March 14 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/16/49	Cedar Hill	A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Acting for Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.

VS. 150

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G724-37 B-85553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 4 200 Registered No. G724-37

1. NAME OF DECEASED (Type or Print): Charles Martin

2. DATE OF DEATH: March 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3710 Clipper Road (Woodberry) 3 08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	April 20, 1871	77 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME: Charles Martin

14. MOTHER'S MAIDEN NAME: Mary Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		RECORDS*BALTO. CITY HOSPITALS	4940 EASTERN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pulmonary Infarction	3 wks
DUE TO (B)	Arteriosclerotic Heart Disease	5 yrs
DUE TO (C)		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmonary Emphysema	5 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ No NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1943, *to* 3-11, 1949, *that I last saw the deceased alive on* 3-11, 1949, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	4940 EASTERN AVENUE	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/49	Ebenezer Cemetery	Carroll Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	[signature] for Williams, M.D.	Wm Cook Inc.	1717 Bond

VS 150

931

CERTIFICATE CORRECTED 4-5-49

6724:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 1 0 Registered No. 6724:58

1. NAME OF DECEASED (Type or Print) MRS. MARGARET R. (Field) Fields

2. DATE OF DEATH 3-14-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md. B COUNTY
C. CITY OR TOWN Balto Md. (If outside corporate limits, write RURAL and give township) 9 03
D STREET ADDRESS (If rural, give location) 711 Venable Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX F | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH Nov 29 1902 | 9. AGE (In years last birthday) 46 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Audrey Sutton | 14. MOTHER'S MAIDEN NAME Mary Lacy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-03-6521 | 17. INFORMANT Samuel (Field) Fields ADDRESS (Son) same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of breast, DUE TO metastasis to lung. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11- 1948 *to* 3-17- 1949, *that I last saw the deceased alive on* 3-14- 1949, *and that death occurred at* 11:35 *p. m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS Mercy Hospital | 23C. DATE SIGNED 3-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE Mar. 18-49 | 24C. NAME OF CEMETERY OR CREMATORY Balto National Cem | 24D. LOCATION (City, town, or county) Baltimore (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1949 | REGISTRAR'S SIGNATURE [signature] for Williams | 25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1212 St Paul St

VS 150

50

CERTIFICATE CORRECTED 4-4-49

124513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

441

G72459

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print) Frank Orla.

2. DATE OF DEATH March 14, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore 38 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) No Home 26-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	White	Widowed	2-13-(64) 1867	(82) 82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Italy	

13. FATHER'S NAME Pietro Orla

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Records Balto City Hospitals 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Brochopneumonia — DUE TO — Interval between onset and death: 3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease — 2 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-12-48 *to* 3-14-49, *that I last saw the deceased alive on* 3-14-49 *and that death occurred at* 6.40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ed Rogers M. D.	B. C. H. $940 Eastern Ave.	Mar. 15, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Gesemite	Reading Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Arthur Williams, M.D.	Frank Kelly Nace	975

VS 150

G72460

M M. 127558

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420-1 G72460 Registered No.

1. NAME OF DECEASED (Type or Print) Michael, Carras. or Emanuel Carras

2. DATE OF DEATH March 15. 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore 6 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 6 Months
D. STREET ADDRESS (If rural, give location) 507 Oldham ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	White	Single	August 27 1893	57 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Greece	

13. FATHER'S NAME Nickolas Carras

14. MOTHER'S MAIDEN NAME Angelina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Records Balto City Hospitals	4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction
DUE TO
(B) Coronary Artery Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 15, 1949 *to* March 15, 1949 *that I last saw the deceased alive on* March 15, 1949 *and that death occurred at* 9.15AM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	4940 Eastern Ave	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/49	Fernwood	Phila. Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, M.D.	Frank Della Vecchia	

VS 150

94a

✓ 421.4

672.1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

672.1

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Jonas Ricks

2. DATE OF DEATH: 3/12/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 942 Leadenhall St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 942 Leadenhall St

C. Length of stay in Baltimore: 28 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 942 Leadenhall St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	Col.	Married		49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	V.	Va	

13. FATHER'S NAME: Walter Ricks

14. MOTHER'S MAIDEN NAME: Celia Griggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: 1117 S. Sharp St. — ADDRESS: Celia Ricks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Endocarditis
DUE TO
(B) Dextrocardia
DUE TO
(C) "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: None

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	None	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
V	V	V

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
V	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	V

22. *I hereby certify that I attended the deceased from* 3-10-, 1949, *to* 3-12-, 1949, *that I last saw the deceased alive on* 3-11-, 1949, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James C. Carson M. D.	1016 S. Sharp St	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-16-49	Mt Calvary	A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: James Sedgwick — ADDRESS: 142 Wolfe St

VS 150

92E

67241-2

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

19 Registered No. 67241-2

1. NAME OF DECEASED (Type or Print): Mary J. Booty

2. DATE OF DEATH: 3-12-49

3. PLACE OF DEATH: A. Baltimore City B. Maryland 2719 Spellman Rd. (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2719 Spellman Rd.

8. FULL NAME OF HOSPITAL OR INSTITUTION: 2719 Spellman Rd.

c. Length of stay in Baltimore: 50 (Yrs. Mos. Days)

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: — — 1872
9. AGE (In years last birthday): 77
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: — Commodore
14. MOTHER'S MAIDEN NAME: Eliza —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Beatrice Booty ADDRESS: 2719 Spellman Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1949 *to* March 12, 1949 *that I last saw the deceased alive on* March 5 1949, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Bruce S. Benjamin M.D.
23B. ADDRESS: 1804 Edmondson Av.
23C. DATE SIGNED: 3-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-17-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James Adams
ADDRESS: 142 Wilkes St

VS 150

108

672463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14 2 Registered No. 672463

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Flora K. Marx

2. DATE OF DEATH: March 15 49

3. PLACE OF DEATH: A. Baltimore City, Md. B. FULL NAME OF HOSPITAL OR INSTITUTION: ryland 2003 Elsinor Ave (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

c. Length of stay in Baltimore: 2Yrs. (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 2003 Elsinor Ave. 15 6

5. SEX: Female

6. COLOR OR RACE: Whi e

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18 1888

9. AGE (In years last birthday): 60 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emil Kauf ann

14. MOTHER'S MAIDEN NAME: Johanna Simon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Solomon Marx ADDRESS: 2003 Elinsor Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO

(B) A. S. C. V. Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30 1947 *to* March 15 1949, *that I last saw the deceased alive on* 3/15 1949, *and that death occurred at* 11 30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Wilson M. D. | 23B. ADDRESS: 5721 Park Heights Ave | 23C. DATE SIGNED: 3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: March 16, 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Hebrew Rosedale Cem | 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS: 1126 North Ave

VS 150

93

Joh Moore 3105 Belair Rd Wa. 0941 ✓

G72414 4 2 1 G72414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print)	Anna Barbara Vogel
2. DATE OF DEATH	March 14, 1949
3. PLACE OF DEATH: A. Baltimore City, Md.	and 3325 Ravenwood Ave (If in hospital or institution, give street address or location)
B. FULL NAME OF HOSPITAL OR INSTITUTION	
c. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore,
D. STREET ADDRESS (If rural, give location)	3325 Ravenwood Ave 8 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Widowed	Dec 25, 1862	86	2 / 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hansel	Katherine Krumrein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Caroline Vogel	3325 Ravenwood Ave Balto

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic myocarditis	10-15 yrs.
ANTECEDENT CAUSES	DUE TO (B) arterio sclerosis	10-15 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* ____, 1940, *to* March, 1949, *that I last saw the deceased alive on* 3-11, 1949, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joh Moore M. D.	3106 Belair Rd	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 16, 49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Tunstall for Williams, M.D.	Wm Cook Inc	1217 St Paul St.

VS 150.

93D

G72465 Lch Shepherd ✓ ✓ G72465

2 - BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Catherine M. Mason

2. DATE OF DEATH 3/15/49

3. PLACE OF DEATH: A. Baltimore City, Maryland I22I Valley St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) I22I Valley Street 10 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Widowed	Jan. I7/I867	82	I 28	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Avalon Md.	

13. FATHER'S NAME William T. Kieth Maryland

14. MOTHER'S MAIDEN NAME Marzillar Moore Maryland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs Wiegand Jenson	I22I Valley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocardial Insufficiency	6 mths
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1944, *to* 3/14, 1949, *that I last saw the deceased alive on* 3/14, 1949, *and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Cecelia Lu Shepherd M.D. M. D.	2211 E. Lake Av	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Mt. Clivet	Baltimore Maryland.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, M.D.	William Cook Inc.	I2I7 St. Paul St.

VS 150

93E

G72466 ✓ G72466

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 480

Registered No.

1. NAME OF DECEASED (Type or Print) Samuel D. Reddick

2. DATE OF DEATH March 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 223 W. Hill St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 223 W. Hill

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Single		48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel D. Reddick	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W.W. 1		Reverdy Brooks	223 W. Hill Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Bronchopneumonia DUE TO Influenza
(B) Influenza DUE TO
(C) DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 2 weeks
(B) 2 weeks
(C)

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5 1949 to March 14 1949, that I last saw the deceased alive on March 14 1949 and that death occurred at m., from the cause and on the date stated above.

23A. SIGNATURE — 23B. ADDRESS — 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 3/17/49 — 24C. NAME OF CEMETERY OR CREMATORY Baltimore National Ct. — 24D. LOCATION (City, town, or county) Baltimore, City

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 6 1949 — REGISTRAR'S SIGNATURE Huntington for Williams, M.D. — 25. FUNERAL DIRECTOR D. L. Brown & Son — ADDRESS 108 W. Montgomery St

VS 150

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✓491

BIRTH NO. 372-t-7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 372-t-7

1. NAME OF DECEASED (Type or Print)	CARLTON J. BRERETON
2. DATE OF DEATH	March 14, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1120 Linden Avenue
C. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1120 Linden Avenue 1104
5. SEX	Male
6. COLOR / RACE	Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Married
8. DATE OF BIRTH	Feb. 22, 1900
9. AGE (In years last birthday) / If under 1 year: Months / Days / If under 24 hours: Hours / Min.	49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Carpenter
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Barbadas, BW. Indies
12. CITIZEN OF WHAT COUNTRY?	✓
13. FATHER'S NAME	?
14. MOTHER'S MAIDEN NAME	?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	No
16. SOCIAL SECURITY NO.	062-07-5502
17. INFORMANT / ADDRESS	Lena Brereton 1120 Linden Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bronchio-Pneumonia	1 Week 10 Days
ANTECEDENT CAUSES	DUE TO (B) (over)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hypertension	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14 1948 *to* Mar 14 1949, *that I last saw the deceased alive on* Mar 14 1949, *and that death occurred at* 10 1/2 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	H. Harlan Shirell M. D.	23B. ADDRESS: 902 W. Franklin St.
23C. DATE SIGNED	3-15-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE 3/17/49
24C. NAME OF CEMETERY OR CREMATORY	Arbutus Memorial Park	24D. LOCATION (City, town, or county) (State): Arbutus, Maryland
DATE RECEIVED BY LOCAL REGISTRAR	MAR 16 1949	REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS	CHARLES R. LAW 802 Madison Ave-1	

VS 150

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6724.8 114329

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 Registered No. 6724.8

1. NAME OF DECEASED (Type or Print): Martin Strozykowski

2. DATE OF DEATH: March 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2714 E. Federal ST.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 5, 1905
9. AGE (In years last birthday): 43 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): United States Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Anthony

14. MOTHER'S MAIDEN NAME: Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: Records Balto City Hospitals ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Amyothrophic lateral sclerosis — 2½ yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-7- 19 47 *to* 3-14- 19 49 *that I last saw the deceased alive on* 3-14- 19 49 *and that death occurred at* 6.45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rogers M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/18/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): German Hill Road

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Kelly & Taylor ADDRESS: 403 S. Wolfe ST.

VS 150

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G72469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72469

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Blanche Jessup

2. DATE OF DEATH: 3/13/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1620 W. Mulberry St.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1620 W. Mulberry St. 19 61

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 17, 1901
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Jones
14. MOTHER'S MAIDEN NAME: Mary Boles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Jessup ADDRESS: 1620 W. Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: W. J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-17-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3220 Sidney St

VS 151

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672:70

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. 672:70

1. NAME OF DECEASED (Type or Print): Bi die Russell

2. DATE OF DEATH: 3-11-1949

3. PLACE OF DEATH:
A. Baltimore City, M land
B. FULL NAME OF HOSPITAL OR INSTITUTION: 919 (If in hospital or institution, give street address or location) Douglas Court
C. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 219 Douglas Court 6 0 5

5. SEX: Female
6. COLOR: Co
7. RACE
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 11, 1879
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Don't use retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Marshall
14. MOTHER'S MAIDEN NAME: Katie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: William Russell 219 Douglas Court (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar Pneumonia
DUE TO
(B) Cerebral Hemorrhage
DUE TO
(C) Hem. Plegia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 4, 1949, *to* Mar. 11, 1949, *that I last saw the deceased alive on* Mar 10, 1949, *and that death occurred at* 11:25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: McDonald Bando, M. D.
23B. ADDRESS: 2445 Druid Hill Ave
23C. DATE SIGNED: 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar. 16, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 223 N Schroeder St

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BIRTH NO. 6724-71

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6724-71

1. NAME OF DECEASED (Type or Print): Mary Wells

2. DATE OF DEATH: 3/14/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1346 N. Stricker St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 1 day: Hours	Min.
F	C	D	7/12/1906	42				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Wells
14. MOTHER'S MAIDEN NAME: Rachel Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Laura Brightman ADDRESS: 1346 N. Stricker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & In. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: H. J. McClafferty M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/17/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Emma Lee Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson ADDRESS: 1303 Presstman St.

VS 151

93

6724.72

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6724.72

1. NAME OF DECEASED (Type or Print): Viola W. GARDNER

2. DATE OF DEATH: MARCH 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1436 Riverside

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. 24 Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1436 Riverside Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	MARRIED	Feb. 24, 1902	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Vest Co.	MARYLAND	U.S.A.

13. FATHER'S NAME: William F. Rogge

14. MOTHER'S MAIDEN NAME: Ann Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-05-6033	Mrs Audrey Ward	1436 Riverside

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) and Sigmoid Colon with Peritoneal metastase

DUE TO

(C) Cachexia — 1 month

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Same as cause of death	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 19[illegible], *to* Mar 14, 19 49, *that I last saw the deceased alive on* Mar 14, 1949, *and that death occurred at* 10A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] Miller M.D.	1436 Riverside	3 16 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3/17/49	MEADOW RIDGE MEMORIAL	ELKRIDGE, MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	acting for Williams, M.D.	John F. Denny Inc.	14 E. Light St.

VS 150

46 E

G724?3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G724?3

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): M[illegible]kwood, Rose

2. DATE OF DEATH: 3/14/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 917 N. Bouldin St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W		6/3/1886	62		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife		Baltimore	

13. FATHER'S NAME: John Vogler

14. MOTHER'S MAIDEN NAME: Wilhelmina Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		Christian Markwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertensive Cardio-Vascular disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/11, 1949, *to* 3/14, 1949, *that I last saw the deceased alive on* 3/14, 1949, *and that death occurred at* 12:5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M.D.	Franklin Square Hosp.	3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Parkwood	Taylor Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 16 1949	[illegible] for Williams, M.D.	Clarence F. Hoffmann 1639 Broadway

VS 150

93D

G72474 ✓ G72474

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 34 Registered No.

1. NAME OF DECEASED (Type or Print): Charles Edward Burke

2. DATE OF DEATH: March 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2804 Presstman St.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2804 Presstman St. 12-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Married	Dec. 5, 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Balto. Md.	

13. FATHER'S NAME: Charles E. Burke

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes Spanish American	213-10-7789 A	Mrs C.E. Burke (Wife)	2804 Presstman St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Cerebral arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m.: 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐: 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 27, 1948, to March 14, 1949, *that I last saw the deceased alive on* March 12, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Abraham B. Jurwitz M. D.	3048 W. North Ave. Balto. Md.	March 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B.	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 17' 49	Lorraine Park	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Lexington Williams, M.D.	Harry H. Wetzler	410 Edmondson Ave

83a

G 24475

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G724475

Registered No.

1. NAME OF DECEASED (Type or Print)	Garfield J. Marshall	2. DATE OF DEATH 3/14/49
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Provident Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay: in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1725 Madison Ave.
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 7, 1898	9. AGE (In years last birthday) 50	If under 1 Year: Months 11 Days 7 / If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pocomoke City, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Marshall		14. MOTHER'S MAIDEN NAME Laura Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Gladys Marshall, ADDRESS 1725 Madison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Arteriosclerotic Cardiovascular disease.

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	W. J. McClafferty M.D.	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED 3/15/49
24A. BURIAL, CREMATION, REMOVAL (Specify) 3/18/49	24B. DATE Burial	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Anne Arundel County
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1949	REGISTRAR'S SIGNATURE Huntington Williams, Reg.	25. FUNERAL DIRECTOR George H. Holland	ADDRESS 1610 Druid Hill Ave.

93D

G72476 G72476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Mary Harris
2. DATE OF DEATH: 3/14/1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
5. STREET ADDRESS (If rural, give location) 924 Argyle Ave.
6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Rectory 501 N. Schroeder St.
c. Length of stay in Baltimore: Yrs. Mos. Days
7. SEX: Female
8. COLOR OR RACE: Colored
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Widowed
10. DATE OF BIRTH: 4/16/1876
11. AGE (In years last birthday): 72 — If Under 1 Year: Months 10, Days 28; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): St. Mary Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hilda Covington ADDRESS: Argyle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13/49 to 3/14/49, that I last saw the deceased alive on 3/13/49, and that death occurred at 7 PM from the causes and on the date stated above.

23A. SIGNATURE: Wm Cassel M. D.
23B. ADDRESS: 253 Carroll
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL: Burial
24B. DATE: 3/17/1949
24C. NAME OF CEMETERY OR CREMATORY: St. Peters
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Henry H. Holland
ADDRESS: Druid Hill Ave.

93D

BIRTH NO. G72[illegible].7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 43 G72[illegible].7

1. NAME OF DECEASED (Type or Print): Henrietta Carroll
2. DATE OF DEATH: 3/14/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 708 N. Lafayette Ave.
C. Length of stay in Baltimore: 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14
D. STREET ADDRESS (If rural, give location): 708 N. Lafayette Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH	AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	Colored	Widow	May 2 1875	73	10 / 12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Anne Arundel Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Edward	Rebecca Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Mrs. Joseph H. Carroll	N. Lafayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardio Vascular Disease	10 years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	Hypertension	10 years
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 15, 1937, *to* Mar 14, 1949, *that I last saw the deceased alive on* Mar 1, 1949, *and that death occurred at* 8 24 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. William Frey M. D.	1928 Penna. Ave.	3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/1949	A. Detts	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 1 6 1949	Huntington Williams, M.D.	Wm. Cad. H. Holland	1631 Pennsylvania Ave

MHD 150

937

Barnes

G72478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

G72478

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hannah Baino

2. DATE OF DEATH: 3/14/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION: 64 [illegible] St. Franklin St. (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: [illegible] Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township) 17-[illegible]
D. STREET ADDRESS (If rural, give location): 647 N. Franklin St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 7 1881
9. AGE (In years last birthday): 67 | If under 1 Year: Months, Days | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Willard, N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rev. Samuel Johnson
14. MOTHER'S MAIDEN NAME: Caldonia Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. George Baino 647 N. Franklin St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis
DUE TO
(B) Chronic nephritis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1949 to 3/14, 1949 that I last saw the deceased alive on 3/13, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE: David Franklin M. D.
23B. ADDRESS: 122 W. Lee St
23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/17/1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Thurston Williams, M.D.
25. FUNERAL DIRECTOR: Geo. A. Holland
ADDRESS: 1216 Druid Hill Ave

VS 150

1216

G72479 — G72479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Otelia L. Epps

2. DATE OF DEATH: March 15 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1723 N. Payson St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-9

c. Length of stay in Baltimore: Yrs. Mos. Days

5. STREET ADDRESS (If rural, give location): 1723 N. Payson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Married	Aug 10 1905	43	7	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Holloway Co. Va	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Allen	Carlista Hurtt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Mrs. Robert Epps	N. Payson St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CARCINOMA OF THE CERVIX	8 mos
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 1948 *to* March 15, 1949 *that I last saw the deceased alive on* March 15 1949 *and that death occurred at* 11.10 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert L. Crumbacker M.D.	1325 W. Lanvale Street	3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/1949	Mt. Auburn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 19 1949	Deputy for Williams, M.D.	Geo. A. Ballard	Ballard Hill Co.

MAR VS 150

45a

G72480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

104.0 G72480 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM LOWNDES THOMAS

2. DATE OF DEATH 3-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PROVIDENT HOSPITAL

C. Length of stay in Baltimore: Yrs. UNKNOWN Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 1232 DRUID HILL AVENUE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	NEGRO	MARRIED	11-12-82	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10B. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) COLUMBIA, S.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT HOSPITAL CHART ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) CHRONIC LYMPHATIC LEUKEMIA GENERALIZED HISTERIOSCLEROSIS WITH CARDIAC INVOLVEMENT — INTERVAL BETWEEN ONSET AND DEATH 4 months

DUE TO

(B) PULMONARY EDEMA & CONGESTION

DUE TO

(C) CHRONIC ADHESIVE PLEURITIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
NONE	—	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* JAN 3, 1949 *to* MARCH 15, 1949, *that I last saw the deceased alive on* MARCH 15, 1949, *and that death occurred at* 5 H m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
George A. Strest M.D.	Provident Hospital	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/1949	Arbutus Mem. Pk.	Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, M.D.	Mrs. George H. Holland	1691 Druid Hill Ave.

VS 150

74a

BIRTH NO. G 2181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 G 2181 Registered No.

1. NAME OF DECEASED (Type or Print): Alfred L. Todd

2. DATE OF DEATH: 3/15/49

3. PLACE OF DEATH:
A. Baltimore City, Md. and (If not in hospital or institution, give street address or location)

B. FULL NAME OF HOSPITAL OR INSTITUTION: South Balto. Gen. Hosp.

C. Length of stay in Baltimore: Yrs. 22 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimor City 24-03
D. STREET ADDRESS (If rural, give location): 1276 Riverside Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	MARRIED	11-11-1909	39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Fireman

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Aiken Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Todd Sr.

14. MOTHER'S MAIDEN NAME: Agnes Aiken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ella A. Todd ADDRESS: 1276 Riverside Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO

(B) Metastatic Carcinoma of Kidney — ?

DUE TO

(C) Carcinoma of large bowel 8 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/16/49; 11/18/49

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma recto sigmoid metastatic

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1945, *to* March, 1949, *that I last saw the deceased alive on* March 14, 1949, *and that death occurred at* 4 45 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Marion C. [illegible], Jr. M.D.

23B. ADDRESS: 1213 Light St. Balto. 30.

23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-18-1949

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Flynn & Fleming ADDRESS: 1426 Light St.

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G72482 BALTIMORE CITY HEALTH DEPARTMENT 5 G72482

BIRTH NO. B.C.49-05528 CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Cutchins

2. DATE OF DEATH 3-15-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital Balto Md.

C. Length of stay in Baltimore 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY A A Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 4900 Brookewood Rd Balto 12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Fem	White	single	3-14-49	0 1	—	1	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	prematare	Balto Md	U.S.A

13. FATHER'S NAME Frances Cutchins

14. MOTHER'S MAIDEN NAME Glennie Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give branch of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	ne	—	Hospital Records	Mercy Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis
DUE TO
(B) Prematurety
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
—		—

22. *I hereby certify that I attended the deceased from* 14 March 1949 *to* 15 March 1949 *that I last saw the deceased alive on* 15 March 1949, *and that death occurred at* 12 noon *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. M. Lecon Jr. M. D.	Mercy Hosp. Balto Md	15 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	6/49	Greenmount	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St Paul St

MAR 16 1949

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G72483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72483 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Irene Lucas (Smith)

2. DATE OF DEATH March 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1510 Madison Ave. Third floor

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	colored		Feb 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Green Burrow NC	U.S.A.

13. FATHER'S NAME
unknown

14. MOTHER'S MAIDEN NAME
unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Georgiana Umphrey	416 Monument

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration

DUE TO
(B)

DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		March 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Mt Auburn	Balt County

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, MD	William A Jackson	937 916 Penna Ave

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G72484 — BALTIMORE CITY HEALTH DEPARTMENT — G72484

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Edgar Adams Foxwell

2. DATE OF DEATH: 3/15/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2404 Elsa Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Single	Mch. 7, 1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland.	

13. FATHER'S NAME: Charles A. Foxwell

14. MOTHER'S MAIDEN NAME: Annie Adams.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Hospital Records.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis, Pulmonary, Bilateral
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Urinary retention due to "median bar" hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. Kemp Mosser M. D.	Church Home & Hospital	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	3/17/49	Loudon	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949	Huntington Williams, M.D.	Leonard J. Luck	5305 Harford

VS 150

13B

G72485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72485

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MMA SOPHIE DERRETH

2. DATE OF DEATH: Mar. 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Mary an

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 524 Gist Ave.

C. Length of stay in Baltim re: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5248 Gist Ave.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	widow	Mar. 7, 1878	71 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Sauers

14. MOTHER'S MAIDEN NAME: Sophie Germuth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO
(B) Chronic cardio vas. dis.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1949, *to* Mar 15, 1949, *that I last saw the deceased alive on* Mar 15, 1949, *and that death occurred at* 4.10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Grant W. Rahn M. D.

23B. ADDRESS: 735 Pop. Gr. Ct.

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/18/49

24C. NAME OF CEMETERY OR CREMATORY: Western Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 1 6 1949

REGISTRAR'S SIGNATURE: Thurlington for Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

MAR vs 150

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G72485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 241 Registered No.

G72486

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARIE E. WEBER

2. DATE OF DEATH: 3-15-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1201 Poplar Grove St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2919 Eldorado Ave 1-01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: about 1880
9. AGE (In years last birthday): about 69 yrs.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Give kind of work if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: 219-07-0958D
17. INFORMANT: Mr. Julius A. Victor ADDRESS: Title Bldg.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: hours?

DUE TO

(B) Hypertensive C-V-D — years

DUE TO Bronchial Asthma — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, to March 15, 1949, *that I last saw the deceased alive on* 3-15, 1949, *and that death occurred at* 8.55 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leo Eshman M.D.
23B. ADDRESS: 1201 Poplar Grove St
23C. DATE SIGNED: 3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/19/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 1 6 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

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G72187 BALTIMORE CITY HEALTH DEPARTMENT G72187

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Richard N. Dadds, Sr.

2. DATE OF DEATH 3-14-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) W. Balto. Gen'l. Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2211 Mt. Holly St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	Feb. 9, 1886	63 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
operator	Balto. Transit Co.	Chester, Md.	

13. FATHER'S NAME: Richard F. Dadds

14. MOTHER'S MAIDEN NAME: Ella Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Emma K. Dadds	2211 Mt. Holly St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular disease — unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-12, 1949, to 3-14, 1949, that I last saw the deceased alive on 3-14, 1949, and that death occurred at 10:15 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lida C Brown M. D.	W. Balto Genl Hosp.	3-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Dorrington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

MAR 61

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19301

BIRTH NO. G72488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

203

Registered No. G72488

1. NAME OF DECEASED (Type or Print): EDITH AMELIA FRIESE

2. DATE OF DEATH: MAR 13 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: 56 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3401 N. Calvert St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-26-92
9. AGE (In years last birthday): 56 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leven Donoho
14. MOTHER'S MAIDEN NAME: Mary J. Donaldson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO: -
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS: Balto., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) multiple myeloma

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4½ yrs.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12-21-48 *to* 3-13-1949 *that I last saw the deceased alive on* 3-13-1949 *and that death occurred at* 11 05 *a. m., from the causes and on the date stated above.*

23A. SIGNATURE: Emmett W. Smith M. D.
23B. JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/17/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Penelope Tom Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

55E

BALTIMORE CITY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

170

G72483

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY B	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE	LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Hpts.	
2. USUAL RESIDENCE (HOME) OF DECEASED STATE MD. COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE	
STREET ADDRESS (If rural, give location) 3326 CHARLES St.	

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) HASLUP	(Last) Foreman	4. DATE OF DEATH (Month) MAR.	(Day) 14	(Year) 1949			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W. DOW	8. DATE OF BIRTH MAR. 7, 1873	9. AGE last birthday 76 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME BESIN C. HASLUP			14. MOTHER'S MAIDEN NAME MARY J. SADLER						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT MR. H. HASLUP FOREMAN - 6/ BERKSHIRE RD						

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bronchial Pneumonia	2
Antecedent cause(s)		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Carcinomatosis	8 mos
	(c) Carcinoma of Breast	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 2-20-47	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-49, 19.., to 3-14-49, 19.., that I last saw the deceased alive on 3-11-49, 19.., and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE H. E. Keyser (Degree or title) ADDRESS 1 E. Lexington St. DATE SIGNED 3-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE 3-17-49	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	LOCATION (City, town, or county) Balto, Md.	(State)
23a. DATE RECEIVED BY LOCAL REG. 3-16-1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	24. FUNERAL DIRECTOR Wm J. Tickner & Sons	ADDRESS Balto., Md.	

50

G72490 ✓ G72490

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 00

1. NAME OF DECEASED (Type or Print): Helen Fabiafens or Helen Harper
2. DATE OF DEATH: 3/11/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 S. Bond St
c. Length of stay in Baltimore: 30 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 25 S. Bond St — 3 01.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	married	2/28/1908	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cambridge Md	U.S.A.

13. FATHER'S NAME: Alexander Stewart
14. MOTHER'S MAIDEN NAME: Ordia Whitington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ephriam Harper — ADDRESS: 25 S. Bond St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Unknown.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 9, 1949 *to* 11 March, 1949, *that I last saw the deceased alive on* 10 March, 1949, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. C. Burwell M. D.
23B. ADDRESS: 121 Aisquith St
23C. DATE SIGNED: 3/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/15/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

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13B

CERTIFICATE CORRECTED 3-21-49

G72491 G72491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

155 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Susan Thomas

2. DATE OF DEATH March 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Md. and 504 N. East Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 504 N. East Ave 26 10

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 8, 1881 | 9. AGE (In years last birthday) 67 | If under 1 Year: Months 11 Days 8 | If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Myers

14. MOTHER'S MAIDEN NAME Harriett A. Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT William L. Thomas ADDRESS 504 N. East Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver

DUE TO

(B) with metastases to both lungs.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1949 *to* March 14, 1949 *that I last saw the deceased alive on* March 14, 1949 *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Frank J. Ayd M. D. | 23B. ADDRESS 2005 E. Monument St | 23C. DATE SIGNED March 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 18 49 | 24C. NAME OF CEMETERY OR CREMATORY Balto Cem | 24D. LOCATION (City, town, or county) Balto (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1949 | REGISTRAR'S SIGNATURE [illegible] Williams, M.D. | 25. FUNERAL DIRECTOR Welch Funeral Home ADDRESS 2048 Orleans

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G72492 ✓ 581.0 G72492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 290

CITY OF BALTIMORE: (No. 141 Hazelwood Lane St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sally Serbrich

(a) Residence: No. 141 Hazelwood Lane St., Ward. 20-07
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F — Color or Race: W — 5. Single, Married, Widowed, or Divorced (write the word): W

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Philip W. Serbrich

6. DATE OF BIRTH (month, day, year): May 29th 1872

7. AGE: 76 — Years — Months: 9 — Days: 13. — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: [illegible] McMasters
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs Miles Dugan
(Address) 141 Hazelwood Lane Govs Blds

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date March 14 1949

19. UNDERTAKER: A Blair Clark
(Address) [illegible]

20. FILED MAR 3 1949 — [illegible]
MAR 7 1949

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1949

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1948 to March 10 1949

I last saw him alive on March 8, 1949 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	12/15/48

Other contributory causes of importance:
General arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Collins M. D.
(Address) 3321 Frederick Ave
1243 Back 24

V. S. 9

OCCUPATION is very important. See instructions on back of certificate.

G72493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4301 G72493

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): LESTER LAVERT FORD

2. DATE OF DEATH: March 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Curtis Bay
D. STREET ADDRESS (If rural, give location): 5100 Curtis Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Sep.	9/20/16	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Ala.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Ford
14. MOTHER'S MAIDEN NAME: Renna ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 427-09-4007
17. INFORMANT: Records- US Marine Hospital ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Acute bacterial endocarditis (aortic valve) with septicemia — Approx. 12 days
(B) DUE TO:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 10, 1949 *to* Mar. 12, 1949, *that I last saw the deceased alive on* Mar. 12 1949, *and that death occurred at* 4:40P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar-16-1949
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Bessemer, Alabama

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Company ADDRESS: 108 W. North Av. Balto. 1, Md.

VS 150

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91a

GM. 127419

G72494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G72494 — Registered No. 331

1. NAME OF DECEASED (Type or Print): Solomon Kellum

2. DATE OF DEATH: 3- 15- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2901 Matthews ST. Z 18 9-4

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE (In years last birthday) (If under 1 Year: Months, Days) (If under 24 Hours: Hours, Min.): 65 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records Balto. City Hospitals — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebrovascular Accident	7 days
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cerebral Arteriosclerosis	Unknown ?
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [Yes] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 9- , 1949, *to* 3- 15- , 19 , 49 *that I last saw the deceased alive on* 3 - 15- 1949, *and that death occurred at* 1.45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 3-15- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): 3/19/49
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Copperville Md.
24D. LOCATION (City, town, or county) (State): Talbot Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE: Lauriston Williams, M.D.
25. FUNERAL DIRECTOR: Leon W. Henry
ADDRESS: Easton Md.

83a

G72495 BALTIMORE CITY HEALTH DEPARTMENT G72495

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): MINNA McMULLEN
2. DATE OF DEATH: MAR. 15, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 2615 PLANTVIEW WAY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE 21-6
D. STREET ADDRESS (If rural, give location): 2615 PLANTVIEW WAY

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
FEMALE	WHITE	SINGLE	FEB. 22, 1868	81	0	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	SCHOOL-TEACHER	PA.	✓

13. FATHER'S NAME: CELESTINE McMULLEN
14. MOTHER'S MAIDEN NAME: MARTINA ZERBE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—	—

17. INFORMANT: VICTOR Z. McMULLEN ADDRESS: ALTOONA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
DUE TO
(B) ARTERIOSCLEROTIC C.V. DISEASE — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 14, 1949 *to* Mar 15, 1949 *that I last saw the deceased alive on* Mar 15, 1949, *and that death occurred at* 9:50 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stetson C. Mackowiak M. D.	6714 Holabird Ave	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3-19-49	Calvary Cem.	Altoona, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1949 Vs 150	Christington Williams, M.D.	Charles L. Zuler	901 S. Conkling St.

MACKOWIAK 104

G72496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH E9 1-2-3

Registered No. G72496

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEWIS NORMAN N806.Y

2. DATE OF DEATH March 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Middle River
D. STREET ADDRESS (If rural, give location) 654 Parkwyrth Avenue 9-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white	M.	Oct 19-1927	21 mA.A		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Bethlehem Steel	Fametown W Va.	

13. FATHER'S NAME Roy C. Norman

14. MOTHER'S MAIDEN NAME Lucy Jackson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Fractured spine	
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Crushing of spinal cord	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	factory	Bethlehem Steel, Sparrows Point

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3 8 49 9 p.m.	WHILE AT WORK [X] NOT WHILE AT WORK [ ]	Struck by a moving beam

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Emil L Kyle M.D.		March 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Mar 17-49	Summerville	West Virginia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 17 1949	Huntington Williams, M.D.	William Cook Inc, 1277 St Paul St

VS 151

1952

G72497

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45.0 G72497

Registered No.

1. NAME OF DECEASED (Type or Print): George R. Johnson

2. DATE OF DEATH: 3/14/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6119 Pimlico Rd

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 6119 Pimlico Rd 7-15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	SEPT. 27, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	City of Balto	Balto. Md	

13. FATHER'S NAME: Wm E. Johnson

14. MOTHER'S MAIDEN NAME: Mary Appleby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Shelton W. Johnson	6119 Pimlico Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility
DUE TO
(B) Arterio Sclerosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 1 1949 *to* Mar 14 1949, *that I last saw the deceased alive on* Mar 12 1949, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel F. Culver M. D.	5611 Pimlico Rd	Mar 15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Huntington Williams, M.D.	Wm Cook Inc	1217 St. Paul St

VS 150

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G72498 S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60 Registered No. G72498

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Diana Chess

2. DATE OF DEATH: 3/15/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 2908 Huron Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY
2908 Huron Street
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2908 Huron Street 25-42

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
F	W	Married	Mar. 1909	40 -	? ?	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilarth N.C.

14. MOTHER'S MAIDEN NAME: (Matterson) N.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or Office of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George Chess — ADDRESS: 2908 Huron St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — DUE TO — Interval between onset and death: 1 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis — DUE TO — ?

(C) Diabetes Mellitus — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Latent Syphilis — ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1 1945 *to* March 15, 1949, *that I last saw the deceased alive on* March 16, 1949, *and that death occurred at* 6 AM., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rawson M. D.

23B. ADDRESS: 206 S. Gilmor St.

23C. DATE SIGNED: 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/18/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Clivet

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25 FUNERAL DIRECTOR — ADDRESS: William Cook Inc. 1217 St. Paul St.

VS 150

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G72499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72499

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr Samuel Marks

2. DATE OF DEATH: 3/15/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
1442 Patapsco St.
C. CITY OR TOWN (If outside corporate limits, write IN. R.A.L. and give township): Balto - Md.
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	11-28-882	66	3 17	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ship Yard		Penna	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Marks	Sarah (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/14, 1949 *to* 3/14, 1949 *that I last saw the deceased alive on* 3/15, 1949 *and that death occurred at* 8.20 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stephen H. Padwa M.D.	St. Agnes Hospital	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/49	Mt. Olivet	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 17 1949	Huntington Williams, M.D.	Wm Cook Inc. 1217 St. Paul St.

VS 150

94a

G72500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 Registered No.

G72500

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE BROWN

2. DATE OF DEATH 3/15/49.

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1511 Madison Ave. 14-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	C			65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid	Peabody Institute	Balto.	USA.

13. FATHER'S NAME Charles Wilson

14. MOTHER'S MAIDEN NAME Martha Lemon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Margarette Eastwood	543 Sanford Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Abdominal Malignancy — INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/15 (7 May) 19 49 (to) 3/15 (10:35 A.M.) 19 49 *that I last saw the deceased alive on* 3/15, 19 49 *and that death occurred at* 10:35 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert E. Ludd M. D.	Mercy Hospital	9/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	3-17-49	Mt. Zion Cem.	Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: Pauline M. Williams

25. FUNERAL DIRECTOR: Maynard A. Kemsley-W. Bissett

ADDRESS 578

VS 150

46B

correct age is especially important. Physician please write the cause of death clearly and legibly.

672501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

672501 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOWARD EDGE

2. DATE OF DEATH March 13, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 915 Edmondson Avenue 18-1

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1894
9. AGE (In years last birthday): 54
If under 1 Year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Mollie Gantt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ida Edge 915 Edmondson Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED March 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-18-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, Jr.
25. FUNERAL DIRECTOR: Mrs. Frances A. Hemsley
ADDRESS: 578 W. Biddle

VS 151

92-D

G72502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72502

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James McKenney

2. DATE OF DEATH March 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 827 N. Frémont Ave.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 827 N. Fremont Ave. 17-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Married	Aug. 15, 1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. (Ans. if retired))	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		South Carolina	U. S. A.

13. FATHER'S NAME David McKenney

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO			Mr. Thos. McKenney	622 N. Carrollton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: sev. hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio - sclerotic cardiac disease — DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/23 1949 *to* 3-14 1949 *that I last saw the deceased alive on* 3-12 1949 *and that death occurred at* 9 10 p.m., *from the causes stated and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS RAYNER BROWNE, M.D. 1501 EAST MADISON ST. BALTIMORE, MD.

23C. DATE SIGNED 3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-18-49	Arbutus Mem. Park	Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Theodore for Williams, M.D.	Mrs. Frances A. Hemsley	W. Biddle St 528

VS 150

PLEASE WRITE PLAINLY, with unfading ink. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

93

G72503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72503

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELI CLAYTON DAVIS

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3309 Dolfield Ave

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
b. STATE: MARYLAND
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location): 3309 DOLFIELD AVE. 15-11

c. Length of stay in Baltimore: 5 YRS. (Yrs. / Mos. / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
MALE	WHITE	WIDOWED	DEC. 28, 1866	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER		CARROLL CO. MD.	U.S.A.

13. FATHER'S NAME: HANSON DAVIS

14. MOTHER'S MAIDEN NAME: MARTHA DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NONE	NONE	NONE	ELMER DAVIS	BALTIMORE, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3/16/49

DUE TO

(B) Arteio Sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Mar 16 1949 to March 16, 1949 that I last saw the deceased alive on March 16 1949 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
H. A. St Bubert M. D.	4803 Park Heights Ave	3/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAR 19, 1949	MT. PLEASANT CEM.	GAMBER, MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Huntington Williams, M.D.	J. FRANCIS REESE	WESTMINSTER MD.

VS 150

94a

PLEASE WRITE PLAINLY, with pen and ink. Please answer questions: please write the causes of death clearly and correct age is especially important. Physicians

G72504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72504

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) William J Stauffer

2. DATE OF DEATH Mar 16th 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1127 Scott St.

C. Length of stay in Baltimore 46 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1127 Scott St 21-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	Single	9/13/1902	46		

10A. USUAL OCCUPATION (Give kind of work, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet metal Worker	Brandt Co.	Baltimore Md.	USA

13. FATHER'S NAME: William Stauffer

14. MOTHER'S MAIDEN NAME: Mary A Neuberth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ✓ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs Josephine Peters ADDRESS 1127 Scott St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 months.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) (over) ✓

DUE TO

(C) Pulmonary oedema — 3 days.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21st, 1949 *to* Mar. 16, 1949 *that I last saw the deceased alive on* Mar. 15, 1949 *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Kate, M. D.	517 Scott St.	3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/49	New Cathedral Cem.	4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Huntington Williams, M.D.	John J. Cowan & Son	900 Wilkins Ave

VS 150

13-B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physician: please write the causes of death clearly and fully.

G72505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72505

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM L. BUHL

2. DATE OF DEATH: Mar. 15, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2245 Penrose Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2245 Penrose Ave. 20-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	widowed	Jan. 13, 1865	84 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired produce	own business	Germany	

13. FATHER'S NAME: Joseph Buhl

14. MOTHER'S MAIDEN NAME: Sarah unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Mr. Herbert O. Buhl	2245 Penrose Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 da

DUE TO

(B) Generalized Arteriosclerotic Cardiovascular Disease — 5 yr

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCoccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/1 , 1948 *to* 3-15 , 1949 *that I last saw the deceased alive on* 3-15 , 1949 *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Lankatis M. D.	679 Washington Blvd	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Woodlawn Cem.	Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

PLEASE WRITE PLAINLY, with unfading ink. Cross out unnecessary words. Give full name of deceased. Use street address or location if possible. Be sure age is especially important. Physicians: please write the causes of death clearly and fully.

93D

G72506 G72506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

260 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS MAGDALENE HARRYMAN

2. DATE OF DEATH Mar. 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3551 Horton Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 3551 Horton Ave. 25-4

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 22, 1879
9. AGE (In years last birthday) 70 yrs.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Feig

14. MOTHER'S MAIDEN NAME Laura Hancock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO no

17. INFORMANT Mr. Joshua T. Harryman
ADDRESS 3551 Horton Av

MEDICAL CERTIFICATION

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — 2-3 mo.
DUE TO
(B) Diabetes Mellitus
DUE TO
(C) Arteriosclerosis generalized
Hypertension - Senile.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1942, 19 . March 15, 1949, *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.
23B. ADDRESS 642 North Blvd
23C. DATE SIGNED 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1949
REGISTRAR'S SIGNATURE [signature] for Nathaniel Winfree, Jr.
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

61

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

G72507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

527

G72507

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Emma Harris

2. DATE OF DEATH: March 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital DOA
c. Length of stay in Baltimore: 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto City
D. STREET ADDRESS (If rural, give location): 1409 Mosher St 16-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	Married	1909	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Purcell Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Jackson
14. MOTHER'S MAIDEN NAME: Lula Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward Harris ADDRESS: 1409 Mosher St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy & Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William G Kelbrick M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/49	Mt Auburn	Balto City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: Hunting for Williams, Jr.
25. FUNERAL DIRECTOR: William A Jackson ADDRESS: 916 Pennsylvania Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

111 B

G72508 Marshall G72508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or print) John Marshall (John Vincent Marshall

2. DATE OF DEATH 3/15/49

3. PLACE OF DEATH A. Baltimore City Maryland Balt. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 27 W Carey S T.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 27 W. Carey St.

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.

8. DATE OF BIRTH about 1/13/1886

9. AGE (In years last birthday) about 63 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Howard-Cliff Dairy Co.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Mary Connolly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

If yes, give war or dates of service)

16. SOCIAL SECURITY NO 218-09-4205

17 INFORMANT Miss Adelaide Davis ADDRESS 2811 Boarman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardiac Arrest DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/5/49, 19__, to 3/15/49, 19__, *that I last saw the deceased alive on* 3/14/49, 19__, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Wm J Loomis M.D.

23B. ADDRESS 401 E Edmondson Ave

23C. DATE SIGNED 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/18/49

24C. NAME OF CEMETERY OR CREMATORY St. Vincents

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25 FUNERAL DIRECTOR ADDRESS Lee Vernon Lemmon 4611 Pk. Hts. to. 937

Please write the causes of death clearly and correctly. Physicians: please write the causes of death clearly and correctly. Physicians: please write the causes of death clearly and correctly. Physicians:

G72509 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 — Registered No. G72509

1. NAME OF DECEASED (Type or Print): BENJAMIN REEVES
2. DATE OF DEATH: 3 - 10 - 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
c. Length of stay in Baltimore: ?; OVER 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): 1344 N. FREMONT ST.
D. STREET ADDRESS (If rural, give location): BALTIMORE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	NEGRO	SINGLE	?	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	?	?	?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO: ?
17. INFORMANT: ACQUAINTANCE — ADDRESS: 1344 N. FREMONT ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	HEMORRHAGE, INTRACEREBRAL,	4 HRS.
DUE TO (B)	HYPERTENSIVE + ARTERIOSCLEROTIC	?
DUE TO (C)	CARDIOVASCULAR DISEASE.	?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NONE KNOWN.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	0	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	0	0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
0 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	0

22. *I hereby certify that I attended the deceased from* Mar 10, 1949 *to* Mar 10, 1949 *that I last saw the deceased alive on* Mar 10, 1949 *and that death occurred at* 8:11 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. Carl Ehrlich M. D.	University Hospital	3-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/49	Mt. Calvary.	Edgewood Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Huntington Williams, M.D.	A. Halstead	918 Edmondson Ave

VS 150

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

G72510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G72510

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Campbell

2. DATE OF DEATH: 3-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq. Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 246 N. Amity. 18-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	C		?	50?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Augusta Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Campbell

14. MOTHER'S MAIDEN NAME: Hazel campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mason Smith ADDRESS: 1622 Abbott St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

(B) Hypertensive C. V. Disease — 7 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8, 1949 *to* 3-15, 1949, *that I last saw the deceased alive on* 3-15, 1949 *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. J. Laham M. D.

23B. ADDRESS: Franklin Sq. Hospital

23C. DATE SIGNED: 3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/18/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): Eden Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.

25. FUNERAL DIRECTOR: A. Halsted ADDRESS: 918 Druid Hill Ave. 93D

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

G72511

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANIBERT G. REICHERT

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raspeburg
D. STREET ADDRESS (If rural, give location): Klein Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gardenville Convalescent Home 5400 Belair Road

c. Length of stay in Baltimore: Yrs. 4 Mos. Days

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Mar. 28, 1870 | 9. AGE (In years last birthday): 78 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Lyon Conklin Co.

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 219-07-2041

17. INFORMANT: Mrs. Chas. Spiegel ADDRESS: Klein Ave., Balto. 6, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

DUE TO

(B) Hypertension Cardio-vascular disease ? Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1949 to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE: H. E. Herbold M. D. | 23B. ADDRESS: 4706 Harford Road | 23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial | 24B. DATE: Mar. 19, 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer | 24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: Lannahan Funeral Home | ADDRESS: 7401 Belair Road

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G72512

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

154 Registered No. G72512

1. NAME OF DECEASED (Type or Print): ANNIE M. MAINLEY

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gardenville Convalescent Home 5440 Belair Road

C. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4100 W. Overlea Ave. 27-5

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 11, 1865
9. AGE (In years last birthday): 83 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Wortman
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. G. B. Mainley, 4100 W. Overlea Ave. ADDRESS: 6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Carcinoma of rectum	?
(B) DUE TO	Chronic myocarditis Arteriosclerosis Hypertension	?
(C)	Uremia - marasmus	?

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb. 28, 1949 to March 15, 1949 *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. W. Harbold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: Mar. 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: Huntington for Wilkinson, M.D.
25. FUNERAL DIRECTOR: Loudon Funeral Home ADDRESS: 7401 Belair Road

VS 150

PLEASE WRITE PLAINLY, with [illegible]. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

469

G72513

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45.0

Registered No. G72513

1. NAME OF DECEASED (Type or Print): Lida Lee Thomason

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Windsor, Rest Home 3025 Windsor Ave.,
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RFD and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1634 Ellamont St., 11-7

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): Single
8. DATE OF BIRTH: March 26, 1875
9. AGE (In years last birthday): 73 — If under 1 year: Months Days — If under 24 hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Williamsport, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William George Thomason
14. MOTHER'S MAIDEN NAME: Juliette Charles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary K. C. Thomason ADDRESS: 1634 Ellamont St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senile Depression with Hardening of the
DUE TO
(B) arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 10yr

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1946 *to* March 15, 1949, *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 3032 Wilkens Ave
23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/17/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: [signature] Washington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

VS 180

97

PLEASE WRITE PLAINLY, using ink. Physicians: please write the causes of death clearly and correct are especially important.

G72514

BALTIMORE CITY HEALTH DEPARTMENT 342 G72514

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Robert Kortash

2. DATE OF DEATH: MAR 16 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 8 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 839 Herndon Ct 25-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Single	11-3-33	15				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bragen

14. MOTHER'S MAIDEN NAME: Helen Kortash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain abscess — INTERVAL BETWEEN ONSET AND DEATH: 2½ mos.

DUE TO

(B) Congental Heart disease

DUE TO

(C) and ? Bacterial Endocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-15-49

19B. MAJOR FINDINGS OF OPERATION: Brain abscess

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): No

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14 1949 *to* 3-16, 1949 *that I last saw the deceased alive on* 3-16 1949, *and that death occurred at* 6⁵⁵ a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dougl G. Culbreth M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/18/49

24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill

24D. LOCATION (City, town, or county) (State): B. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: Acting for Williams, M.D.

25. FUNERAL DIRECTOR: E. J. Fanning & Son

ADDRESS: 1918 E. Lafayette Ave.

VS 150

80a

PLEASE WRITE PLAINLY. Use ink. Correct age is especially important. Physician: please write the causes of death clearly and legibly.

CM. 87200

G72515

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 470

Registered No. G72515

1. NAME OF DECEASED (Type or Print): William Sieck

2. DATE OF DEATH: 3- 17-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2448 Frederick Ave. 20-4

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 20-1883
9. AGE (In years last birthday): 65 — If Under 1 Year: Months 6, Days 26, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cooper
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Sieck
14. MOTHER'S MAIDEN NAME: Emma Deems
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO: None
17. INFORMANT: Records Baltg. City Hospitals — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Coronary Thrombosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [ ] NO [Yes]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 30- , 1944 *to* 3- 17- , 1949 *that I last saw the deceased alive on* 3- 17- 1949 , *and that death occurred at* 6.50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. E. Rogers, M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar. 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. L. Schmidt — ADDRESS: 2101 Woodside Ave.

VS 150

94a

G72516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72516

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS MAGRUDER OWEN

2. DATE OF DEATH March 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Marine Hospital Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1405 W. Cold Spring Lane 21-15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Widower	8/25/74	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Veterinarian	Gaithersburg, Md.	USA

13. FATHER'S NAME Thomas J. Owen

14. MOTHER'S MAIDEN NAME Vandealla Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
-		-	Records-	US Marine Hospital, Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	ANAPLASTIC CARCINOMA OF PANCREAS 1- ~~Mesothelioma, lesser omental bursa~~	Unknown
DUE TO (B)	2- Squamous cell carcinoma of face	Under treatment since 1943
DUE TO (C)		
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17 1949 *to* Mar. 17 1949 *that I last saw the deceased alive on* Mar. 17 1949 *and that death occurred at* 3:35A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James B. Dukes, Sr. Surgeon	US Marine Hospital, Balto, Md.	3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/49	Front St.	Gaithersburg, Md.

DATE RECEIVED LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Registrar for Baltimore, Md.	C. C. Gaither	Gaithersburg 469 Md.

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

G72517.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 9 16.0

Registered No. G72517.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Garland Taylor Lynch N-853.4

2. DATE OF DEATH: 3, 14, 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 68. Hill St. 60 E. Hill St. 22-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Married	Aug 16, 1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenters Helper		Danville, Va	U.S.A.

13. FATHER'S NAME: Irvin A. Lynch
14. MOTHER'S MAIDEN NAME: Maggie Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
yes	?	

17. INFORMANT: Mrs Bessie Lynch ADDRESS: 65 Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet wound of Brain — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 60 E. Hill St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 14 49 5:30P

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [illegible] L Ryan M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/19/49

24C. NAME OF CEMETERY OR CREMATORY: Loudon

24D. LOCATION (City, town, or county) (State): [illegible] Frederick Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: [illegible] for Baltimore, Md.

25. FUNERAL DIRECTOR: John F. Kenny Inc. ADDRESS: 715 Light St

164c

VS 151

PLEASE WRITE PLAINLY. Physician: please write the causes correct age is especially important.

G72518

BALTIMORE CITY HEALTH DEPARTMENT 443

CERTIFICATE OF DEATH

Registered No. G72518

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise Dieter

2. DATE OF DEATH 3-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jenkins Memorial Hospital

C. Length of stay in Baltimore Whole life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 221 N. Fulton Ave. 20-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	1-9-1863	86 Yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Dieter

14. MOTHER'S MAIDEN NAME Adelia Haffoke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Hospital Records ADDRESS

MEDICAL CERTIFICATION

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

(B) Arteriosclerotic hypertensive CVD

DUE TO

(C) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

(A) ? yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ( ) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16, 1949, *to* 3/16, 1949, *that I last saw the deceased alive on* 3/16, 1949, *and that death occurred at* 8 35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Herbert L. Jenkins M. D.

23B. ADDRESS St. Agnes Hospital

23C. DATE SIGNED 3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/21/49

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1949

SIGNATURE OF LOCAL REGISTRAR Mary [illegible] Williams, Mgr

25. FUNERAL DIRECTOR George A Fealey - Fulton Ave & Fayette St ADDRESS

VS 150

93

G72519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-2 X

Registered No. G72519

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel W. Pfoutz

2. DATE OF DEATH 3/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winwood
D. STREET ADDRESS (If rural, give location)

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)

8. DATE OF BIRTH 1/16/64

9. AGE (In years last birthday) 85

If Under 1 Year: Months 2 Days 1

If Under 24 Hours: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John S Pfoutz

14. MOTHER'S MAIDEN NAME Mary Repp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Hospital Record ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Myocardial Degeneration

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma Stomach & Hemorrhage

19A. DATE OF OPERATION No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 13, 1949 *to* Mar 17, 1949, *that I last saw the deceased alive on* Mar 17, 1949, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE I. Rae Borgen M. D.

23B. ADDRESS Church Home & Hosp.

23C. DATE SIGNED Mar 17 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Mar 19

24C. NAME OF CEMETERY OR CREMATORY Pipe Creek

24D. LOCATION (City, town, or county) (State) Near Emmitsburg Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Raymond R. Wareing

ADDRESS Thurmont Md

462

VS 150

Please write the causes of death clearly and fully. Physicians: please write direct age is especially important.

G72520

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

491

Registered No. G72520

1. NAME OF DECEASED (Type or Print) MR. HENRY M. SAMUELS

2. DATE OF DEATH 3-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP 22nd & Calvert St.

C. Length of stay in Baltimore ? 77 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. Md
D. STREET ADDRESS (If rural, give location) 2238 Brookfield Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
M	W	S	Dec 3 1871	77	3	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laundry manager	O	Baltimore Md	USA ✓

13. FATHER'S NAME HENRY SAMUELS

14. MOTHER'S MAIDEN NAME Henrietta Volkenberg ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
?		216-03-6812	Mr. Walter Samuels	brother

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ter. Arteriosclerosis

DUE TO

(B) Arteriosclerotic Heart disease

DUE TO

(C) Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY. m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 30, 1948 *to* 3-16-49, 19__, *that I last saw the deceased alive on* 3-16-49, 19__, *and that death occurred at* 7.40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. P. Hanson, Jr. M. D.	Union Memorial Hosp.	3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/1949.	Oheb Shalom Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Contractor Williams, M.D.	Harold Levenson & Son	1902 Eutaw Place.

VS 150

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

92

G72521

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72521

1. NAME OF DECEASED (Type or Print): LEONARD (SEFFORD) SEEKFORD (djm)

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 3418 Yorkway

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Feb. 26, 1924	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Patapsco-Back River Railroad	Virginia	USA

13. FATHER'S NAME: John M. Seekford

14. MOTHER'S MAIDEN NAME: Verda Monger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
Yes	W.W.II	

17. INFORMANT: Sally Seekford (wife) ADDRESS: 3418 Yorkway

MEDICAL CERTIFICATION

Write the causes of death clearly and legibly. Physicians: please write important. Correct age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of Skull c

DUE TO

(B) intra Cranial hemorrhage

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Merrett Avenue near Wise Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 16, 1949 2:30 P. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Thrown from motorcycle

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE [illegible] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-18-49

24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949

REGISTRAR'S SIGNATURE: Temmington Williams, M.D.

25. FUNERAL DIRECTOR: Roland L. Fisher ADDRESS: Dundalk, Md.

VS 151

170 D

G72522

Dr. Bacon

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 Registered No. G72522

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CATHERINE SMITH

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6513 Harford Road
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6513 Harford Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	married	Feb. 27, 1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Joseph F. Hick

14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no		Mrs David J. Smith, 6513 Harford Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma, lung &	8 mos.
	DUE TO Pleura, right	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
none	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. 20, 1948 *to* Mar. 15, 1949, *that I last saw the deceased alive on* Mar 15, 1949, *and that death occurred at* 10.50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. M. Bacon M. D.	2810 Taylor Ave.	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3- -49	Moreland Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 17 1949	Huntington Williams, M.D.	Leonard J. Buck, 5305 Harford Road

VS 150

479

PLEASE WRITE PLAINLY. Print name and residence of physician. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

G72523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 Registered No. G72523

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Florence McGoggart

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Md. and 5015 Palmer Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5015 Palmer Ave

5. SEX	6. COLOR	7. RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		Married	Nov. 21, 1893	55		

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Cot P. Telephone	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Petersen	Ann Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mr. Harold J. McGoggart	5015 Palmer Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	TERMINAL PNEUMONIA	1 WEEK
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	METASTATIC CARCINOMATOSIS, LIVER, LUNGS	8 MOS
DUE TO		
(C)	PRIMARY SCIRRHOUS CARCINOMA OF LEFT BREAST	14 MOS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cholecystitis, chronic	1 yr

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
JANUARY, 1949	METASTATIC CARCINOMATOSIS OF LIVER	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NONE	NONE	NONE

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
NONE		NONE

22. I hereby certify that I attended the deceased from APRIL 25, 1948, to MARCH 16, 1949, that I last saw the deceased alive on MARCH 16, 1949, and that death occurred at 2:10 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Randolph N. Spatberg M.D.	5010 Dennone Ave. Balto 15, Md	March 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/19/49	Druid Ridge	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 17 1949	Acting for Williams, M.D.	Loring, Eyerman & Hyde	50

VS 150

Certificate of death is especially important. Physicians: please write the causes clearly and legibly.

G72524

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no 1

G72524

Registered No.

1. NAME OF DECEASED (Type or Print)	MARION S. HOWARD	2. DATE OF DEATH: Mar. 16, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5316 Fernpark Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.	
c. Length of stay in Baltimore: Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location): 5316 Fernpark Ave.	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 26, 1879	9. AGE (In years last birthday): 69 yrs. If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired): retired Clerk	10B. KIND OF BUSINESS OR INDUSTRY: P. R. R.	
11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: John Biel Howard	14. MOTHER'S MAIDEN NAME: Emily Winchester	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. M. S. Howard ADDRESS: 5316 Fernpark Ave.

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis (Recurrent.) — Interval between onset and death: 2 days.

DUE TO

(B) Coronary Thrombosis - — Interval between onset and death: 2½ yrs.

DUE TO

(C) - Secondary Anemia. — Interval between onset and death: 2 months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None	19B. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June - 15, 1945, *to* March-16, 1949, *that I last saw the deceased alive on* March-16, 1949, *and that death occurred at* 3:20 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl F. Chambers M. D.	23B. ADDRESS: 4108 Liberty Hts. Ave.	23C. DATE SIGNED: 3/18/49
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial	24B. DATE: 3/18/49	24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949	REGISTRAR'S SIGNATURE: Hunter for Williams, MD	25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

94a

Correct age is especially important. Physicians: please write the causes clearly and accurately.

G72525

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 525

1. NAME OF DECEASED (Type or Print): Rudolph James Jonak

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5
D. STREET ADDRESS (If rural, give location): 612 N. Luzerne Ave

5. SEX	6. COLOR	7. RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Wh	e	Married	7/26/88	60	7	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis Jonak
14. MOTHER'S MAIDEN NAME: Caethine Radovnicki
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Josephine Runge — ADDRESS: Jonak

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, or shock. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema — DUE TO
(B) Arteriosclerotic Heart Disease — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1949, *to* March 15, 1949, *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Rudolph A. Peter M.D.
23B. ADDRESS: 1400 N. Carrollton St.
23C. DATE SIGNED: March 15, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 19 49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank Coach Sons — ADDRESS: Lexington & Williams, Md

VS 150

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

927

G72526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72526

BIRTH NO. 13-2-49-55546

1. NAME OF DECEASED (Type or Print): HARGRAVE

2. DATE OF DEATH: 13 Mar 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Columbus Maternity Hospital

C. Length of stay in Baltimore: 1 d. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt 18
D. STREET ADDRESS (If rural, give location): 2003 N Calvert St 18

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12 Mar 49
9. AGE (In years last birthday): 20 Yrs. (If under 1 year: Months / Days: 1; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlson Hargrave
14. MOTHER'S MAIDEN NAME: Maudie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: mother ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) asphyxia livida
DUE TO
(B) prolonged labor
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1d.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Mar 49 to 13 Mar 49, that I last saw the deceased alive on 13 Mar 49, and that death occurred at 9:00 a m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: Columbus Hospital
23C. DATE SIGNED: 13 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

University Medical School MAR 15 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

Commissioner of Health

VS 150

161a

G72527

BC-49-05164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

751

G72527

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Schaller

2. DATE OF DEATH: March 11, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 22 Lyndhurst
D. STREET ADDRESS (If rural, give location): 1927 Walnut Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto General Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-11-49
9. AGE (In years last birthday): If Under 1 Year: Months Days; If Under 24 Hours: Hours Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md ✓
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daniel Schaller Jr
14. MOTHER'S MAIDEN NAME: Jeanette Zockowski 1927 Walnut Ave
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mother ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hydrocephalus Hydrocephalus
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Spina bifida
DUE TO
(C) Polydactylism Polydactylism
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 11, 1949, *to* Mar. 11, 1949 *that I last saw the deceased alive on* Mar. 11, 1949, *and that death occurred at* 720 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Cohen M. D.
23B. ADDRESS: West Balto Gen'l Hosp
23C. DATE SIGNED: 3/15/49.

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

University Medical School MAR 15 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR, ADDRESS:

Commissioner of Health

VS 150

157C

Correct age is especially important. Physician: please write the cause

72528 B.C. 49-05490 ✓ X ✓ 72528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 756

1. NAME OF DECEASED (Type or Print): Baby Girl Cornell | 2. DATE OF DEATH: March 15, 49

3. PLACE OF DEATH: A. Baltimore City, Maryland | (If not in hospital or institution, give street address or location)

B. FULL NAME OF HOSPITAL OR INSTITUTION: Maryland Gen'l Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Warren Rd. Corkeysville Md.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	S	Mar 10, 49		5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N. Y.	

13. FATHER'S NAME: F. Duncan Cornell
14. MOTHER'S MAIDEN NAME: Elsa Baum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive Hemorrhage
DUE TO
(B) Congenital Cyst of Pharynx
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE above CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1st Mar 1949 *to* 15 Mar 1949 *that I last saw the deceased alive on* 15 Mar 1949 *and that death occurred at* 5:20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest A. Cranage, M. D. | 23B. ADDRESS: Maryland Gen'l Hosp. | 23C. DATE SIGNED: 3/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State)

University Medical School MAR 17 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR ADDRESS: Commissioner of Health

VS, 150

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G72529

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72529

1. NAME OF DECEASED (Type or Print): Florence T Walker

2. DATE OF DEATH: March 16-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen. Hosp

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3006 Ly Walker Rd 16 07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb 22-1896
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Monroe Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Horn
14. MOTHER'S MAIDEN NAME: Priscilla Pellington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Doris Walker ADDRESS: 3006 Ly Walker Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aspiration Pneumonia & atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Hypo para thyroid tetany — 20 yrs
DUE TO (C) Post operative Hypo para thyroidism — 40 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10 1949 to 3-16 1949, that I last saw the deceased alive on 3-16 1949 and that death occurred at 7.50 p m., from the causes and on the date stated above.

23A. SIGNATURE: Isidor Brown, M. D.
23B. ADDRESS: W. Balto. Gen Hosp.
23C. DATE SIGNED: 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/19/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilhelm Co Inc
ADDRESS: 1217 Park Ave

VS 150

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G72530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G72530

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA GILLIS

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH: A. Baltimore City Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1033 N. Calvert St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1033 N. Calvert St. 11-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	Sept. 8, 1875	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	

13. FATHER'S NAME: Albert Fischer

14. MOTHER'S MAIDEN NAME: Caroline VonCarle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Dr. Andrew C. Gillis, 1033 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Art-Sclerosis & Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. , 1948, *to* March 16, 1949, *that I last saw the deceased alive on* Mar. 13, 1948, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sheldon Sanford M. D.	Med. Arts Bldg	3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 16 1949	Huntington Williams, M.D.	William Cook, Inc., 1217 St. Paul St.

VS 150

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Correct age is especially important. Physician: please write the cause of death very carefully.

G72531
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157

✓ X G72531
Registered No.

1. NAME OF DECEASED (Type or Print) EDGAR L. TRIMBLE SR.

2. DATE OF DEATH 3/16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTO. GEN. HOSP.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parkville
D. STREET ADDRESS (If rural, give location) 3203 Acton Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W.	MARRIED	11/30/86	62	3 / 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Balto. Md.	

13. FATHER'S NAME Wesley Trimble

14. MOTHER'S MAIDEN NAME Emma Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-07-4804

17. INFORMANT Mrs. E. Trimble, Address 3205 Acton Rd. Parkville Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CARCINOMA OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH 2 mos. (?)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
2-15-49	Carcinoma of head of pancreas abdominal cachexia	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Feb. 10, 1949 to March 16, 1949, that I last saw the deceased alive on March 16, 1949 and that death occurred at 9:54 P.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marion C. Findley M. D.	1213 Eutaw Street	3/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/49	Parkwood	Parkville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Huntington Williams, M.D.	Wm Cook Inc	1217 St. Paul St.

VS 150

469

Correct age is especially important. Please [illegible]

B 72532 ✓ 59 ✓ B 72532

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Frank Pfaff

2. DATE OF DEATH: March 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore
C. Length of stay in Baltimore: 65 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 825 N. Luzerne Avenue 9-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	8/9/1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired tailor		Bavaria	U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO			Mr. William Pfaff	825 N. Luzerne Ave.

MEDICAL CERTIFICATION

(Correct age is especially important. Physicians: please write)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks

DUE TO

(B) Chronic Glomerulonephritis

DUE TO

(C) Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles P. Gruny M. D.	8722 E. Fayette St.	14 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/18/49	Huntington Williams M.D.	Schimunek Funeral Home, Inc.	2601-5-5 E. Madison St.

VS 150

131a

G72533

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G72533 Registered No.

1. NAME OF DECEASED (Type or Print): DORA DIETZ

2. DATE OF DEATH: MAR. 16. 49

3. PLACE OF DEATH: A. Baltimore City, Maryland LAURAVILLE NURSING HOME

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5400 BELAIR Rd.

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Md.
D. STREET ADDRESS (If rural, give location): 1410 N. BROADWAY 8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W.	WIDOWED	MAY 16. 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	BALTIMORE Md.	

13. FATHER'S NAME: JOHN W. HILL

14. MOTHER'S MAIDEN NAME: DEUCILLA M VAN DYCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	—	MRS. W.W. SMITH	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — ?

DUE TO

(C) Arteriosclerosis Chronic myocarditis — ?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Senility

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 9 *, 19*48 *to* March 16 *, 19*49 *that I last saw the deceased alive on* March 16 *19*49 *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. V. Harold M. D.	4706 Harford Road	3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3/18/49	LOUDEN PK.	BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Huntington Williams, M.D.	AGNES M. LUTZ	6067 HARF. Rd.

VS 150

Correct age is especially important. Physicians: please write

1 93

G72534 450.0 G72534

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Veronica Bukowski(Buczkowski)

2. DATE OF DEATH: March 16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1921 Aliceanna St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1921 Aliceanna St.
C. CITY OR TOWN (If outside corporate limits, write "R" and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 1921 Aliceanna St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widowed	March 13, 1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lord Mutt Packing Co.		Poland	

13. FATHER'S NAME: Probizna

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		217-05-4059	Michael Bukowski	2538 Fleet St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterio-sclerosis

DUE TO
(B) Myocardial failure (congestive heart failure)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 15, 1949 *to* Mar 16, 1949 *that I last saw the deceased alive on* Mar 16, 1949, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sigmund R. Nowak M.D.	408 S. Patt. Pk. Ave.	3/18/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	March 19	St Stanislaus	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Lillington Williams, M.D.	Fred W. Ozgazwski	1930 Eastern Ave

VS 150

93E

Correct age is especially important. Physicians: please write

G72535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

477 Registered No. G72535

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOS MAKEPEACE

2. DATE OF DEATH March 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 650 Parkwyrth Ave (If not in hospital or institution, give street address or location)

B. FULL NAME OF HOSPITAL OR INSTITUTION 650 Parkwyrth Avenue

C. Length of stay in Baltimore 31Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 650 Parkwyrth Avenue 9 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
male	white	Married	3/29/1894	54	11	16		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Penna.	

13. FATHER'S NAME Thomas Makepeace

14. MOTHER'S MAIDEN NAME Catherine Craigs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes W.W 1	214-03-6290	Mrs Thomas Makepeace	650 Parkwyrth Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE George C. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-19-49	Baltimore National	Balto. Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John D. Mitchell Sons ADDRESS 1900 Eutaw Pl.

935

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72556 CERTIFICATE CORRECTED 5-11-49 ✓ G72556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NICHOLAS A SAKELOS

2. DATE OF DEATH: 17 MAR 49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD B. COUNTY: BALTO

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO

D. STREET ADDRESS (If rural, give location): 3516 Fairview RD Balto N 38

c. Length of stay in Baltimore: 60 (Yrs. / Mos. / Days)

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH: 10 MAR (49) 1887 | 9. AGE (In years last birthday): 61 | If Under 1 Year: Months 10, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FLORIST | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): GREECE | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ATHANAOS SAKELOS | 14. MOTHER'S MAIDEN NAME: CATHERINE KALTSAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO | 16. SOCIAL SECURITY NO | 17. INFORMANT: PATIENT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF THE STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 6 MOS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 26 FEB 49 | 19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF THE STOMACH | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 FEB, 1949, *to* 17 MAR, 1949, *that I last saw the deceased alive on* 17 MAR 1949, *and that death occurred at* 620 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Ferris M. D. | 23B. ADDRESS: Mercy Hospital | 23C. DATE SIGNED: 17 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE: Mch 19/49 | 24C. NAME OF CEMETERY OR CREMATORY: Woodlawn | 24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949 | REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D. | 25. FUNERAL DIRECTOR: John O. Mitchell & Sons | ADDRESS: 1900 Eutaw Place

4612

Correct age is especially important. Physicians: please write the causes of death clearly

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 672.57

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Matilda Russell Rasin

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland — 4702 Harford Road

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. Length of stay in Baltimore: 28 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE: Maryland — b. COUNTY: none

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

d. STREET ADDRESS (If rural, give location): 2107 N. Calvert St.

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April , 1860 | 9. AGE (In years last birthday): 89 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unit Rasin

14. MOTHER'S MAIDEN NAME: Henrietta Hanson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: M. M. Merritt — ADDRESS: 2107 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic C.V.R. disease — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 96hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949, *to* March 16, 1949, *that I last saw the deceased alive on* March 13, 1949, *and that death occurred at* 3:30 A, m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M. D.

23b. ADDRESS: 4218 Harford Avenue

23c. DATE SIGNED: 3/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/18/49

24c. NAME OF CEMETERY OR CREMATORY: Lorraine

24d. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.

Malcolm B. Mitchell

VS 150

Dr. House

1210

Correct age is especially important. Physician please write the causes of death in this county

BIRTH NO. 72538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 443 G72538

1. NAME OF DECEASED (Type or Print): Albert T Widerman

2. DATE OF DEATH: 3/16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Balto. Co.
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Catonsville 28
D. STREET ADDRESS (If rural, give location): 629 Harlem Lane

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/8/1890
9. AGE (In years last birthday): 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Williams A. Widerman
14. MOTHER'S MAIDEN NAME: Jane Buckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Carrie M. Widerman
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 years
DUE TO
(B) Hypertensive Arteriosclerotic Cardio-Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24 1949 to 3/16 1949 that I last saw the deceased alive on 3/16, 1949, and that death occurred at 9 45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Stephen V. Padussis M.D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/19/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 16 1949
REGISTRAR'S SIGNATURE: Hunting for Williams, Jr.
25. FUNERAL DIRECTOR: Edward A. MacNabb
ADDRESS: Catonsville 28

VS 150

93D

Correct age is especially important. Physicians: please write the causes of death plainly.

G72539
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1 G72539
Registered No.

1. NAME OF DECEASED (Type or Print): Herman Cohen

2. DATE OF DEATH: 3/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 736 W. Balto. St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 62 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair man
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Abe
14. MOTHER'S MAIDEN NAME: Kate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Thelma Hartman ADDRESS: Pula Pk

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl L Rose M.D
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-18-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 151

94a

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72540

1. NAME OF DECEASED (Type or Print): CHARLES ROBBS

2. DATE OF DEATH: March 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John's Hopkins Hospital

c. Length of stay in Baltimore: 25 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 406 South Caroline Street 3-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	Col.	Single	8/5/1900	48		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virinia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Robbs

14. MOTHER'S MAIDEN NAME: Lattie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mary Purvis ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/18/1949

24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cem.

24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949

REGISTRAR'S SIGNATURE: Thurlington for Williams, M.D.

25. FUNERAL DIRECTOR: Elroy O. Wilson 1000 Brantly Ave

ADDRESS

VS-151

937

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5615 Registered No. 72541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL FRANK HOUSE

2. DATE OF DEATH: Mar. 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3507 Woodstock Avenue

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3507 Woodstock Avenue 8 01

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: dec.25,1876
9. AGE (In years last birthday): 72 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Supt.
10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin House
14. MOTHER'S MAIDEN NAME: Louisa Hasson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-8118
17. INFORMANT: 3507 Woodstock Ave. Mrs. Helen R. House-

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio-sclerosis — DUE TO

(C) resp. Exitis, strangulated hernia — Operation early November

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 week

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: incarcerated hernia - strangulated -
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 28, 1948, *to* March 16, 1949, *that I last saw the deceased alive on* 3/16, 1949 *and that death occurred at* 9.30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry D. McCarty M. D.
23B. ADDRESS: 37 W. Preston Street
23C. DATE SIGNED: 3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Gdns.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR AND ADDRESS: HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

1220

Correct age is especially important. Please see that this is done.

G72543 ✓ G72542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Albert May, Sr.

2. DATE OF DEATH: Thurs March 17 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1450 Patapsco St.

c. Length of stay in Baltimore: Yrs. 26 — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore —
D. STREET ADDRESS (If rural, give location): 1450 Patapsco St - 23 - 2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Black	Married	July 6 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plant Guard
10B. KIND OF BUSINESS OR INDUSTRY: Armco Steel Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas May
14. MOTHER'S MAIDEN NAME: Annie (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-03-0587-A
17. INFORMANT: Mrs. Katie May (Name) ADDRESS (Home)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardiovascular Renal disease
DUE TO
(B) Senility —
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1948 *to* 3/16, 1949, *that I last saw the deceased alive on* 3/16, 1949 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 107 E. Warren
23C. DATE SIGNED: 3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mon. March 21 1949
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: P. Howard Evans
ADDRESS: 1402 S. Charles St Baltimore 30 Md

VS 150

93D

Correct age is especially important. Physicians: please write the

BIRTH NO. JL - 1108 72543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72543

1. NAME OF DECEASED (Type or Print)	Austin Madison	2. DATE OF DEATH	Mar 14, 1949
3. PLACE OF DEATH: A. Baltimore City	Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION	Baltimore City Hospitals	B. COUNTY	
	4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
c. Length of stay in Baltimore	58 yrs. (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location)	102 N. Fremont Ave. 18 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	Negro	W	Oct. 18, 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Madison	Annie Meaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	4940 Eastern Ave. Baltimore City Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
		No

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-23-47, 19__, *to* March 14, 19 49 *that I last saw the deceased alive on* Mar. 14, 19 49 *and that death occurred at* 5.50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. Cozzens M. D.	4940 Eastern Ave	3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Burial	3-19-49	Mt Auburn	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Thos Williams, M.D.	Mrs Katie R. Williams	322 N Schroeder St

13B

BIRTH NO. G72543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20 Registered No. G72547

1. NAME OF DECEASED (Type or Print): BERNARD M. NEHRING

2. DATE OF DEATH: March 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3204 Ellerslie Avenue 9 d v

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Single	August 11, 1904	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	

13. FATHER'S NAME: Peter Nehring

14. MOTHER'S MAIDEN NAME: Catherine Piechocka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Mr. Peter Nehring, 3204 Ellerslie Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary artery disease	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/49	St. Stanislaus	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Hunter Williams, M.D.	M.F. Sadowski & Sons	1508 Eastern Avenue

VS-151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94a

G72545 BALTIMORE CITY HEALTH DEPARTMENT G72545

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) MIKE (KOROSZICS) Also Known as KOROSZIA

2. DATE OF DEATH March 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 677 W BARRE ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

C. Length of stay in Baltimore 21 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 677 W. BARRE ST. BALTO CO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	MAR 15, 1895	54	—	—	20	25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WATCHMAN	INDUSTRIAL BLDG.	SUVALKU - LITHUANIA	U.S.A.

13. FATHER'S NAME John KOROSZIA

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES - 1917 to 1930

16. SOCIAL SECURITY NO. 218-09-6840

17. INFORMANT Blanche KOROSZIA ADDRESS 677 W. BARRE ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Chronic Myocarditis and Myocardial degeneration	3 yrs
DUE TO (B)	Pulmonary emphysema	15 years
DUE TO (C)	Arteriosclerosis	5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 12, 1948, *to* March 15, 1949 *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE, M.D.	23B. ADDRESS	23C. DATE SIGNED
John P. Hillock, Jr	1227 Wash Blv'd	3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-19-49	HOLY REDEEMER	BELAIR RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Clark W. Jackamonis ADDRESS 703 Mc Henry St.

MHVS 150

931

Correct age is especially important. Please see that this is done.

672546 ✓ X-4 672546

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 17

Registered No.

1. NAME OF DECEASED (Type or Print) Leonardo ROCCISANO — N-814.6

2. DATE OF DEATH March 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
South Balto. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pikesville

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1433 Reistertown Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Married	1-30-1880	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Belvedere Hotel	Italy	

13. FATHER'S NAME
Frank Roccisano

14. MOTHER'S MAIDEN NAME
Mary Lamberto ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS
Mary Lamberto, 1433 Reistertown Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral abscess

ANTECEDENT CAUSES
(B) Fracture of skull

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Lobar pneumonia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Gangrene of left leg with complete fract. of tibia and fibula.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Reistertown Rd. & Millford Mill Rd.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
January 18, 1949 6:20P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Pedestrian struck by auto.

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* ~~Autopsy~~ *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE Carl L. Voss M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 3-21-49

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24D. LOCATION (City, town, or county) (State) Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS
Bernard C. Harle 121 E. West St.

VS 151

170 C

Correct age is especially important. Physicians: please write the causes of death plainly.

G72547

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72547

1. NAME OF DECEASED (Type or Print): Bertha Gross

2. DATE OF DEATH: 3/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 713 Cumberland St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 713 Cumberland St

C. Length of stay in Baltimore: 48 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 713 Cumberland St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto City
D. STREET ADDRESS (If rural, give location): 713 Cumberland St 15-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Widowed	6/26/79	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Accomac Co Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo Sneed	Rachael Harmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Gladys Bowling 713 Cumberland St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) hypertensive cardio-renal disease (uremia) — INTERVAL BETWEEN ONSET AND DEATH: UNK.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-8, 1949 *to* 3-17, 1949 *that I last saw the deceased alive on* 3-16, 1949 *and that death occurred at* 1 P. m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Rawlins M. D.	RAYNER BROWNE M.D. 1500 EAST MADISON ST. BALTIMORE 2, MD.	3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	3/20/49	Mt Auburn	Balto City

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Huntington Williams, M.D.	William A Jackson	916 Penna Ave

VS 150

131a

FICATE CORRECTED 3-22-49

BIRTH NO. G72548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 916.0

Registered No. G72548

1. NAME OF DECEASED (Type or Print)	Frank A. Ryan N-968
2. DATE OF DEATH	April 17, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Md. General Hospital
C. Length of stay: In Baltimore — Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	208 N. Laurens St. 14-01
5. SEX	M
6. COLOR OR RACE	W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	Sept. 5 (1924)
9. AGE (If years last birthday)	25 (24)
If under 1 year: Months	6
If under 1 year: Days	12
If under 24 hours: Hours	
If under 24 hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Salesman
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore
12. CITIZEN OF WHAT COUNTRY?	U.S.
13. FATHER'S NAME	Albert Ryan
14. MOTHER'S MAIDEN NAME	Beth A. Burdick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	Yes June 1943 Sept. 1946
16. SOCIAL SECURITY NO.	248-14-5630
17. INFORMANT	Margaret E. Ryan
ADDRESS	208 Laurens St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO

(B) Carbon Monoxide

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	Basement of 208 N. Laurens St. 14/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	March 17, 1949 4:45 A.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
21F. HOW DID INJURY OCCUR?	Bed Afire

22. *I certify that I took charge of the remains described above, held an* Inspect. & In. *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	Earl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	☐ / ☒ / ☐
23C. DATE SIGNED	March 17, 1949
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial
24B. DATE	March 19- 1949
24C. NAME OF CEMETERY OR CREMATORY	Loudon Pk. Cem.
24D. LOCATION (City, town, or county) (State)	Frederick Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR	MAR 18 1949
REGISTRAR'S SIGNATURE	Huntington Williams, M.D.
25. FUNERAL DIRECTOR	Joseph Sarase Inc.
ADDRESS	2013 Greenmount Ave.

VS 151

178c

Correct age is especially important. Physicians: please write the number

G72549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72549 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DOUGLAS LANGSTON

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 910 North Pine Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	colored	Widower	? ? 1880	69		

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If so, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Annie Thompson ADDRESS: 910 N. Pine St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 16, 1949

24A. BURIAL, CREMATION OR REMOVAL: Buried
24B. DATE: 3/19/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: W. Halstead
ADDRESS: 918 Cedar Hill Ave 1940

VS 151

Correct age is especially important. Physician: please write the cause of death in plain terms.

G72550

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 Registered No. G72550.

1. NAME OF DECEASED (Type or Print): ADAM LANG

2. DATE OF DEATH: 3-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1400 ANDRE ST.

C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1400 ANDRE ST. 24-01

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W Widowed
8. DATE OF BIRTH: 7-28-1877
9. AGE (In years last birthday): 71 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.: 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob LANG
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO: NONE
17. INFORMANT: SONIE LANG — ADDRESS: 1400 ANDRE ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Dec. 9-8
19B. MAJOR FINDINGS OF OPERATION: Ca Stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location.)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15 '48 *to* Mar 15 '49 *that I last saw the deceased alive on* Mar 15, 1949 *and that death occurred at* 5-10 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Chas E A Stevens M.D.
23B. ADDRESS: 2818 Harford Rd
23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3-19-49
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Charles F Dell — ADDRESS: 1501 E. Fort Ave

VS 150

#30

46C

G72551

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G72551

Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth C. Jockel

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 Glenolden Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural, give location): 608 Glenolden Ave.

c. Length of stay in Baltimore: 74 Yrs. (Yrs. / Mos. / Days)

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 15, 1874 — 9. AGE (In years last birthday): 74 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home — 10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Maryland — 12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Kissner

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO: None

17. INFORMANT — ADDRESS: Catherine Jockel 608 Glenolden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Hypertrophic Arthritis of spine

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept — , 1948 *to* March 17, 1949 *that I last saw the deceased alive on* 3/16 , 1949 *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. M. Collins, M. D. — 23B. ADDRESS: 5321 Frederick Ave. — 23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: Mar. 19, 49 — 24C. NAME OF CEMETERY OR CREMATORY: Loudon Park — 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR — ADDRESS: J. T. Stansbury 2700 Edmondson Ave.

VS 150

937

Correct age is especially important. Please answer

G725532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.1

Registered No. G725532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Cator Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9 01
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Cator Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE J. MARTIN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife LOTTIE A. MARTIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 5, 1877

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name PETER C. MARTIN
13. Birthplace IRELAND

MOTHER
14. Maiden Name ANN IRVIN
15. Birthplace IRELAND

16 (a) Informant MRS. LOTTIE A. MARTIN
(b) Address 719 CATOR Ave

17 (a) BURIAL (b) Date thereof 3-21-49
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location RICHMOND, VA

18 (a) Funeral director JOHN A. MORAN
(b) Address 3000 E. Balt. St.

19 (a) MAR 18 1949 (b) Signature for Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1949, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1945 to Mar 17, 1949. and that I last saw alive on Mar 17, 1949.

Immediate cause of death: Acute Coronary Thrombosis — Duration 1 day

Due to: Arteriosclerosis Hypertensive Heart Disease — 5 days

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work)
(e) Means of injury

23. Signature Louis J. Sloan M. D.
Address 916 Wilson St Date signed 3/18/49

PLEASE WRITE PLAINLY. WITH INDELIBLE INK. Answer every question. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G72553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72553

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Apolinarus Niparavic

2. DATE OF DEATH: 3-17-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq. Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt.
D. STREET ADDRESS (If rural, give location): 1002 Roland Hts Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W		July 1885	63	8	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor		Lithuania	?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Leonard Niparavic ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH (BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT): Rheumatic Heart Disease — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1949, *to* 3-17, 1949, *that I last saw the deceased alive on* 3-17, 1949, *and that death occurred at* 9 35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. J. Laham M.D.
23B. ADDRESS: Franklin Sq. Hosp.
23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Mar. 20-1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Bdan Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Joseph Kasinskas
ADDRESS: Inc.

Vs No

124B

Correct age is especially important. Explain any discrepancy.

G72554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163

G72554
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles H. Kirby

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. 26 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linthicum Heights
D. STREET ADDRESS (If rural, give location): 439 Hawthorne Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	8-31-	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Process operator, Solvay Process Co	Chemical	EASTON, Md.	U.S.A.

13. FATHER'S NAME: Charles Kirby
14. MOTHER'S MAIDEN NAME: Charlotte Overby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	213-03-8968	Thomas O. Kirby	108 Glen Mount Rd. Ft. Meade, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung. — INTERVAL BETWEEN ONSET AND DEATH: over 6 mo.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-7-49	Carcinoma of Lung	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-18, 1949, *to* 3-17, 1949, *that I last saw the deceased alive on* 3-17, 1949, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. Otis Montgomery, M.D.	Mercy Hospital, Baltimore	3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	March 21, 1949	Glen Haven	Glen Burnie, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Huntington Williams, M.D.	Thomas W. Livingston	

VS-150

47D

Correct age is especially important. Physicians are urged

G72555
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72555

(djm)

1. NAME OF DECEASED (Type or Print): ABRAHAM H. (Bilsky) BELSKY
2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Massachusetts
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holyoke
D. STREET ADDRESS (If rural, give location): 1714 N. Hampton St

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 29, 1914
9. AGE (In years last birthday): 34
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holyoke, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Belsky
14. MOTHER'S MAIDEN NAME: Ester Caplon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 019-01-6821
17. INFORMANT: Edward F. Day, ADDRESS: Holyoke, Mass.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of liver
DUE TO (Automobile accident)

ANTECEDENT CAUSES

(B) Fracture of skull
DUE TO

* DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Multiple rib fractures

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Severn Run Bridge, Crain Highway
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 17 49 3.40 P.M.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? auto & truck collision

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: R. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Ship
24B. DATE: 3-18-49
24C. NAME OF CEMETERY OR CREMATORY: RAIDPHEY & HOLEM
24D. LOCATION (City, town, or county) (State): CHICOPEE, MASS.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Beatrice Van Williams
25. FUNERAL DIRECTOR: Thomas W. Singleton ADDRESS:

VS 151

Correct age is especially important. Physicians: please write the cause of death in terms understandable to laymen.

170C

G72556

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420 - 1

Registered No. G72556

1. NAME OF DECEASED (Type or Print): Peter Chapasko

2. DATE OF DEATH: 16 Mar. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital (DOA)
C. Length of stay in Baltimore: 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 121 S Wolfe St 2-01

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27 1905
9. AGE (If years last birthday): 43
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charloi Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Onofwir Chapasko
14. MOTHER'S MAIDEN NAME: Eva. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 211070425
17. INFORMANT: Anna Chapasko ADDRESS: 121 S. Wolfe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 16 Mar. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 19-49	Holy Rosary	German Hill Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Riggel Bro. ADDRESS: 1800 E. Lombard St

Correct age is especially important. Physicians: please write clearly.

VS 151

94a

725:57 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4ro 1 Registered No. G725:57

1. NAME OF DECEASED (Type or Print): Milton William Bosley

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Howard.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Oakland Manor
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	W	Sept. 27, 1890	58 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mfg.	Wood Moulding.	Balto. Co., Md.	

13. FATHER'S NAME: William Bosley
14. MOTHER'S MAIDEN NAME: Rachael Billingslea

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
np	no	Mrs. Audrey Wright	4720 Edmondson Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Infarction — DUE TO

ANTECEDENT CAUSES
(B) — DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-8- 1949 *to* 3-18- 1949, *that I last saw the deceased alive on* 3-17- 1949, *and that death occurred at* 12:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. D. Thomas, Jr., M. D.	Mercy Hosp.	3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Initials for Williams, R.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

Correct age is especially important. Physicians, please

G72558

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72558

1. NAME OF DECEASED (Type or Print): BERNICE C. STEWART

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2440 N. Charles Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2440 N. Charles St. 12 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
female	white	married	1869	79				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
housewife		Harpers Ferry, W. Va,	

13. FATHER'S NAME: Charles Hopwood

14. MOTHER'S MAIDEN NAME: Charlotte P. Copeland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
-	-	Mr. George E. Stewart	2440 N. Charles St.

MEDICAL CERTIFICATION

Correct age is especially important. Physicians, please...

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Months ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 17, 1949 *to* Mar. 17, 1949 *that I last saw the deceased alive on* Mar. 17, 1949, *and that death occurred at* 10:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Frank M. Ogden M. D.	2701 N. Calvert St.	Mar. 18, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Ebtombment	3/19/49	Lorraine Mausoleum	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAR 18 1949	Amanda [illegible] Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

93D

G725:59

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 4-

G725:59

Registered No.

1. NAME OF DECEASED (Type or Print): Anna Ellinghaus

2. DATE OF DEATH: March 17/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 904 N. Duncan

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 904 N. Duncan 11-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29/1887
9. AGE (In years last birthday): 61 — If Under 1 Year: Months 7, Days 16; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Maurer
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband J. Ellinghaus — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage (apoplexy) — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

(B) Hypertensive Cardio Vas. Renal Disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 4, 1949, *to* March 17, 1949 *that I last saw the deceased alive on* March 16, 1949, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Pokorny M. D.
23B. ADDRESS: 2200 E Madison St
23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-21-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, Town, or County) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Lerch & Son — ADDRESS: 900 N. Wheeler

VS 150

1312

072560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 072560

BIRTH NO. B.C. 49-5862

1. NAME OF DECEASED (Type or Print): LINDA Carrol DOLCH — N-933

2. DATE OF DEATH: 18 March 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University.
c. Length of stay in Baltimore: Yrs. 12 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (If rural, give location): 1651 Hanover St 23-0

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6 Mar 1949
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 12 / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Herbert P. Dolch
14. MOTHER'S MAIDEN NAME: Mary Knueles
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Herbert P. Dolch — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aspiration of Formula
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
A. A. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1651 Hanover street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 18, 1949 2P. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? milk — Aspiration of formula

22. *I hereby certify that I attended the deceased from* 18 Mar, 1949, *to* 18 Mar, 1949, *that I last saw the deceased alive on* 18 Mar, 1949, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wade S. Drake M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 18 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar 19 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: C. Bruce Ellinsworth — ADDRESS: 1400 N Wolfe

VS 150

195D

G72561 ✓ X G72561

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 Registered No.

1. NAME OF DECEASED (Type or Print): LOCKES, JAMES E.

2. DATE OF DEATH: 3-14-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland FRANKLIN SQ HOSP
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQ HOSP
c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): [redacted] TOWSON
d. STREET ADDRESS (If rural, give location): 422 E. PENNA AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	C	WIDOWED	2-8-18[redacted]	65	1 6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MD	USA

13. FATHER'S NAME: JAMES LOCKES

14. MOTHER'S MAIDEN NAME: BETTY CHEW

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO: —

17. INFORMANT: MYRTLE SCOTT ADDRESS: 608 PACAST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3-14-49	Carcinoma of Stomach	YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from 2-24-49, 19, to 3-14, 1949 that I last saw the deceased alive on 3-14, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George W Bolesnic M. D.	FRANKLIN SQ HOSP	3-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	3-20-49	St. John's	Lusby - Calvert Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR ADDRESS: Byron & Mamie Wright - Balto. City

VS 150

46 B

Correct age is especially important. Typewriter preferred.

FINNey

G72562 — BALTIMORE CITY HEALTH DEPARTMENT — 443 — G72562

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): James D. Finney
2. DATE OF DEATH: March 17, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1909 Etting St
C. Length of stay in Baltimore: 20 yrs. (Yrs. / Mos. / Days)
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Md — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto — D. STREET ADDRESS (If rural, give location): 1909 Etting St
5. SEX: m
6. COLOR OR RACE: c
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 23, 1893
9. AGE (In years last birthday): 55 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Finney
14. MOTHER'S MAIDEN NAME: Margaret Kellum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes — (If yes, give wars or dates of service): W. W. 1
16. SOCIAL SECURITY NO
17. INFORMANT: Irene Finney — ADDRESS: 1909 Etting St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Dis. — INTERVAL BETWEEN ONSET AND DEATH: One year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1948 *to* March 1949, *that I last saw the deceased alive on* 17 March 1949, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earle M. Brooks, M. D. — 23B. ADDRESS: 1215 Mad Ave — 23C. DATE SIGNED: 18 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 3-21-49 — 24C. NAME OF CEMETERY OR CREMATORY: Balto nat — 24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949 — REGISTRAR'S SIGNATURE: [illegible] for Williamson

25. FUNERAL DIRECTOR: George G. Kelson — ADDRESS: 1303 Pennsylvania Ave

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72563

72563 B.C. 48-26215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address: 1707 N. Caroline

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1707 N. Caroline (If rural give location) E 06

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Benton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23 1948

8. AGE: Years	Months	Days	If less than one day
	3	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Thomas Scott

13. Birthplace

MOTHER

14. Maiden Name Lilly May Benton

15. Birthplace Edgefield, S.C.

16 (a) Informant Lillie M. Benton

(b) Address 1707 N. Caroline

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/49 (month) (day) (year)

(c) Cemetery or crematory Mt. Peters Cem

Location Baltimore 17, Md.

18 (a) Funeral director Geo. C. Pelson

(b) Address 1363 Presstman St.

19 (a) MAR 19 1949 (Date rec'd by registrar) (b) Interior for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1949 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1949 to Mar. 17 1949 and that I last saw h-- alive on Mar. 17 1949

Immediate cause of death Bronchio-Pneumonia — Duration 3 D

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. F. Berry M.D.

Address 1420 E. Chase Date signed 3-17-49

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G72564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20-1 Registered No. G72564

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James B. Kent

2. DATE OF DEATH: 3-9-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1609 - N. Carey

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-18-1900
9. AGE (In years last birthday): 49 yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Francis Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: J. B. Kent (deceased) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Arteriosclerosis

DUE TO

(B) Coronary Sclerosis Nephrosclerosis (Benign)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (B) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac Enlargement

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8 1949 to 3-9, 1949, that I last saw the deceased alive on 3-9, 1949, and that death occurred at 9:40 AM., from the causes and on the date stated above.

23A. SIGNATURE: J. C. Bryden Jr. M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 3-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/12/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Chas G. Nelson
ADDRESS: 1293 Pennsylvania Ave

VS 150

1210

G72565

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1

G72565

Registered No.

1. NAME OF DECEASED (Type or Print): MAURICE B. BLOCK.

2. DATE OF DEATH: 3/18/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Esplanade Apts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 73 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) Esplanade Apts. 1301

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widower.
8. DATE OF BIRTH: 6/26/1875
9. AGE (In years last birthday): 73 (If under 1 year: Months Days; If under 24 hours: Hours Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Jeweler.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Solomon Block
14. MOTHER'S MAIDEN NAME: Theresa Brown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT ADDRESS: Mr. Leon Block. 3610 Clarinth Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary artery disease (coronal attacks) — 5 yrs

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944 19 *to* 3-18-49 19 *, that I last saw the deceased alive on* 3-18-49 19 *, and that death occurred at* 10 30 P.M. *, from the causes and on the date stated above.*

23A. SIGNATURE: I. Frederick Leitz M. D.
23B. ADDRESS: Temple Gardens
23C. DATE SIGNED: 3/18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/20/1949.
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew
24D. LOCATION (City, Town, or County) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE: [illegible] Williams
25. FUNERAL DIRECTOR: Edward Sonnenborn & Son
ADDRESS: 1902 Eutaw Place.

VS 150

94a

G72566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72566 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jacob Wellemin

2. DATE OF DEATH: March 15, 49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore pub

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

C. Length of stay in Baltimore: 61 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2128 E. Oliver St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Male	white	Married	7/11/87	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Balto. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Wellemin	Rose Seiker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
?	216-09-3292	Mrs. Lillian Wellemin	2128 E. Oliver St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aleukemic Leukemia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 17, 1949, *to* March 15, 1949, *that I last saw the deceased alive on* March 15, 1949, *and that death occurred at* 9:25 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Philip A. Pratt M.D.	1700 N. Caroline St	March 15, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49.	Hebrew Friendship	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 19 1949	Registrar for Williams, M.D.	Edward Sonnenstein & Son.	1402 Eutaw Place.

VS 150

74B

G72567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41

G72567

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Myrtle Gelblum

2. DATE OF DEATH: 3/18/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore Life: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 2510 Kewyorth Avenue

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: 10/16/08 | 9. AGE (In years last birthday): 40 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life): | (Give kind of work if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Typist

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Gelblum

14. MOTHER'S MAIDEN NAME: Sarah Tappen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518,10,3669

17. INFORMANT: Emanuel Gelblum | ADDRESS: 2510 Keyworth Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignant Hypertension

DUE TO

(B) Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Uremia

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/14 19 49 *to* 3/18 19 49, *that I last saw the deceased alive on* 3/18 19 49 *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bernard Tappen M. D. | 23B. ADDRESS: Sinai Hospital | 23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 3-20-49 | 24C. NAME OF CEMETERY OR CREMATORY: Hebrew Youngs Mens | 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS: S. Levinson & Bros. 1124 N North Ave

VS 150

937

Correct age is especially important. Typewriter, please.

G72568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54.4 G72568

BIRTH NO. B.C. 44-05648 Registered No.

1. NAME OF DECEASED (Type or Print): WALMAN, SHERRY

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2620 Loyola Southway 15 13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	March 12, 1949		7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morris Walman	Maomi Caplan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT (ADDRESS)
no		Morris Walman 2620 Loyola Southway

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Congenital Heart Disease Cyanotic type	from birth
ANTECEDENT CAUSES	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Erythroblastosis Fetalis	from birth

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Mar 12, 1949 *to* Mar 18, 1949, *that I last saw the deceased alive on* Mar 18, 1949, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sydney A. Warren M. D.	Sinai Hospital	Mar 18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-20-49	Bnai Israel Cong.	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (ADDRESS)
MAR 19 1949	Initials for Williams, M.D.	S. Levinson & Bros. 1124 W North Ave

VS 150

157E

Correct age is especially important. If unknown, please estimate.

G72569

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G72569 Registered No.

1. NAME OF DECEASED (Type or Print) Lusby, Sarah

2. DATE OF DEATH 3-17-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University of Maryland Hosp

c. Length of stay in Baltimore 22 Yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3330 Clifmont Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	White	married	1-23-86	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Olivet Md.	U S A

13. FATHER'S NAME John Engle

14. MOTHER'S MAIDEN NAME Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Sarah Lusby	3330 Clifmont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C.V. Disease — 10 yrs

DUE TO

(C) Obesity

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of left breast

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (Give address. City or town must be stated.)
Accident		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

CERTIFICATION APPROVED BY
Wm. H. Hammen M.D.

CHIEF OR ASST. MEDICAL EXAMINER M. D.

22. *I hereby certify that I attended the deceased from* 3-17, 1949, *to* 3-17, 1949, *that I last saw the deceased alive on* 3-17, 1949, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wilford E Jones M. D.	University Hospital	3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 21-	Baltimore Cem	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAR 19 1949	Pauline for Williams, M.D.	Ulbrich Funeral Home	

VS 150

50

Correct age is especially important. Explain any "presumed" dates.

G725.0

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443

G725.0

Registered No.

1. NAME OF DECEASED (Type or Print): Alinda Russell

2. DATE OF DEATH: 3/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 3 South Beechwood St.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2/27/1859
9. AGE (In years last birthday): 90
If Under 1 Year: Months 0 Days 19
If Under 24 Hours: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Kim.
14. MOTHER'S MAIDEN NAME: Nancy Schultz.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: —
17. INFORMANT: Mrs Lena Carter - ADDRESS: 3 S. Beechwood.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cv. disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs +
DUE TO
(B) Cerebro-vascular accident. — 3 hrs
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Paget Disease of skull

CERTIFICATION APPROVED BY
Lori W. G. Helfrich, M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1949 *to* 3-18, 1949 *that I last saw the deceased alive on* 3-18, 1949 *and that death occurred at* 1 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Adam Simon Vensel, M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 21.
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS:

VS 150

Body released upon verbal order from Med. Examiner per telephone 9:20 J. J. Vanek

Correct age is especially important. Typewriter preferred.

G72571

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4th

Registered No. G72571

1. NAME OF DECEASED (Type or Print): John August Biskmaier

2. DATE OF DEATH: Mar 17/49

3. PLACE OF DEATH
A. Baltimore City, Maryland 5935 Kavon Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 5935 Kavon Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 5935 Kavon 26-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	single	Apr 29 1878	70	11	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Work	W S F G	Balto	

13. FATHER'S NAME: Julius Biskmaier

14. MOTHER'S MAIDEN NAME: Josephine Russo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Wm Biskmaier	5935 Kavon Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

DUE TO

(B) Arteriosclerotic heart disease — many yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 9, 1948, *to* Mar 17, 1949, *that I last saw the deceased alive on* Mar 16, 1949, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Max R. English M. D.	5713 Belair Rd.	3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 1949	Parkwood	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 19 1949	Initials for Williams, M.D.	Ulbrook Funeral Home	

VS 150

937

G72512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

116 Registered No. G72512

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM WEINEL

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Boys Rural Marley Park

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: A A
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 2 Highland Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W		6/27/1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Grocery Store	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conrad Weinel	Amelia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	?	Frances Weinel	Marley Park

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic Heart Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1949, to 3/18, 1949 that I last saw the deceased alive on 3/18, 1949, and that death occurred at 1110 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bobby L. Jones M. D.	Franklin Square Hosp.	3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Oak Lawn	Eastern Ave - Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St.

VS 150

951B

Correct age is especially important. Typewriter preferred.

G725.73

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 48-19571 490 Registered No. G725.73

1. NAME OF DECEASED (Type or Print)	HAROLD WARNER, Jr
2. DATE OF DEATH	March 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1123 E. Pratt Street
C. Length of stay in Baltimore	life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1642 E. Pratt Street 3 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Infant	8/21/48		6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	none	Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harold E. Warner	Pauline Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	Harold E. Warner	1642 E. Pratt Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Lobar pneumonia	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
M.D.		3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/49	Oak Lawn	Eastern Ave. Ext'd. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 19 1949	Huntington Williams, M.D.	Lilly & Zeiler, Inc, 403 S. Wolfe Street	

VS 151

108

Correct age is especially important. Physicians, please make sure

G72574

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72574

1. NAME OF DECEASED (Type or Print): HARRY G HOLLINS

2. DATE OF DEATH: March 17 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2616 Ainsworth St.
c. Length of stay in Baltimore: — (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2616 Ainsworth St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White	Single	Sept. 12 - 1888	61	6 / 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	—	Balto. Md.	—

13. FATHER'S NAME: Wm. E Hollins

14. MOTHER'S MAIDEN NAME: Mary J. Lamon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
Yes 1st. world war	216-01-8267	Mrs Mary J Hardesty 2616 Ainsworth St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.; it means the disease, injury or complication which caused death.)
(A) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B) Arteriosclerotic C-V Disease — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. — Pulmonary Tuberculosis — ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 1949 *to* March 17, 1949, *that I last saw the deceased alive on* Mar 16 1949, *and that death occurred at* 10:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Roy L. H. Zimmerman M. D.	2838 Hanford Rd.	18 Mar. 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-21-49	Meadowridge	Washington Park. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 19 1949		John D Connelly. 419 Eastern ave Essex 21, Md.

VS 160

13B

494177
G72575

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

334 Registered No. G72575

1. NAME OF DECEASED (Type or Print): Agnes Martha Brindle

2. DATE OF DEATH: MAR 19 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Johnstown,
D. STREET ADDRESS (If rural, give location): 708 Second, Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 1879
9. AGE (In years last birthday): ~~70~~ 69 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Brindle
14. MOTHER'S MAIDEN NAME: Matilda Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18/49 19__, *to* 3/19/49, 19__, *that I last saw the deceased alive on* 3/19/49 *and that death occurred at* 1~~2~~5 m., *from the causes and on the date stated above.*

23A. SIGNATURE: John B. Crow M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar. 22, 1949
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Johnstown — Pa.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Stewart & Mowen Company
ADDRESS: 118 W. North Ave. Balto. 1, Md.

8 3a

G725'76

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 X G725'76

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) ETHEL CROSIER BLYTHING

2. DATE OF DEATH 19 March 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hill Crest Nursing Home 812 Stoney Run Road - Baltimore
c. Length of stay in Baltimore 14 DAYS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PINES ON SEVERN
D. STREET ADDRESS (If rural, give location) ARNOLD TOWNSHIP

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB. 28, 1878
9. AGE (In years last birthday) 71 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.) 0 19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) LOUISVILLE, KY.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME (?) CROSIER (M.D.)
14. MOTHER'S MAIDEN NAME LENA ORENDORF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO NONE
17. INFORMANT MRS. ELIZ. C. MURPHY, -(NIECE) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease — (INTERVAL BETWEEN ONSET AND DEATH) years

DUE TO

(B) Hypertension — 2 years

DUE TO

(C) Cardiac decompensation — 1 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1949 to MAR 19, 1949, that I last saw the deceased alive on MAR. 17, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

23A. SIGNATURE L. Theron Muller M.D.
23B. ADDRESS 24 W Read St
23C. DATE SIGNED 19 Mar. 49

24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24B. DATE 19 MAR. 1949
24C. NAME OF CEMETERY OR CREMATORY GREENMOUNT
24D. LOCATION (City, town, or county) BALTO. Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR W. Brooke Bradley
ADDRESS 2018 Wilkens Ave Baltimore 93 Dundalk

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G72[illegible]7 G725:7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Henry Frederick Gerwig
2. DATE OF DEATH: March 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give town nearby): Baltimore
5. STREET ADDRESS (If rural, give location): 3214 Mondawmin Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3214 Mondawmin Ave.
c. Length of stay in Baltimore: 70 yrs. (Yrs. / Mos. / Days)
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 26, 1871
9. AGE (In years last birthday / If under 1 year: Months, Days / If under 24 hours: Hours, Min.): 77 yrs 5 mo 21 ds
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF (What country?): U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No / None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles H. Gerwig ADDRESS: 3214 Mondawmin Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 96 hrs (4 days)

DUE TO

(B) Arteriosclerotic Cardio-Vascular-Renal disease — years?

DUE TO

(C) Terminal bronchio-pneumonia — 4 hrs (2 days)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give street location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from June, 1948 to Mar 18, 1949 that I last saw the deceased alive on Mar 18, 1949 and that death occurred at 11:05 P m., from the causes and on the date stated above.

23A. SIGNATURE: Daniel R Colquhoun M.D. | 23B. ADDRESS: 2885 Forest Park Ave | 23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: March 22, 1949 | 24C. NAME OF CEMETERY OR CREMATORY: London Park | 24D. LOCATION (City, Town or County) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE: Arthur Williams M.D. | 25 FUNERAL DIRECTOR: George L. Schwab ADDRESS: 2101 Frederick Ave.

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BS-78579 G72578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

4 46 G72578 Registered No.

1. NAME OF DECEASED (Type or Print): Mamie Harris

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BALTO. CITY HOSPITALS

c. Length of stay in Baltimore: 32 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 809 N. Gilmor St. 16-C

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Negro	S??	April 2, 1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: Haywood Bryant

14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. but means the disease, injury or complication which caused death.)
(A) Uremia — Interval between onset and death: 10 Days
DUE TO
(B) Arteriolar-Nephrosclerosis — 7 Yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes Mellitus

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13 *, 19*42*, to* 3-17 *, 19*49*, that I last saw the deceased alive on* 3-17 *, 19*49*, and that death occurred at* 8:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE R. [illegible] M. D. | 23B. ADDRESS 4940 EASTERN AVENUE | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 3/21/1949 | 24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn | 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR: Mrs. George H. Holland | ADDRESS: 1091 Druid Hill Ave.

VS 150 49

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Certificate corrected 3-27-49 ✓ Filed 4 G72579

BIRTH NO. G72579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): MARK H. COULTER N-803

2. DATE OF DEATH: March 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hos ital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 924 S. Oldham Street 76 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	White			48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service):

16. SOCIAL SECURITY NO. 236-01-9379

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture skull

DUE TO Intracranial Hemorrhage

(B) (Automobile accident)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Eastern Avenue nr. Oldham Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: March 19, 1949, 2:30 A.M.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: H. J. McCafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: March 22

24C. NAME OF CEMETERY OR CREMATORY: Russell St. Brethren Cemetery

24D. LOCATION (City, town or county) (State): Brownsville Washington Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949

REGISTRAR'S SIGNATURE: Thomas Jos. Williams, M.D.

25. FUNERAL DIRECTOR: Jesse D. Harley

ADDRESS: Hagerstown Md

170 c

VS 15T

Correct age is especially important. Typewriter preferred.

G72580 | BALTIMORE CITY HEALTH DEPARTMENT | G72580
BIRTH NO. | CERTIFICATE OF DEATH | Registered No.

1. NAME OF DECEASED (Type or Print): IDA HATCHETT WEBB
2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1412 Jefferson Street 5-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored		May 18, 1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Joseph Edward
14. MOTHER'S MAIDEN NAME: Sadie Hattin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mr. Samuel Webb 1419 Jefferson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic R.V. Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil L. Beyer M.D.		3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/1949	Mt. Calvary	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 20 1949	[illegible]	Holland Funeral Home	1931 Druid Hill Ave

VS 151

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G72581 ✓ G72581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Russell Widmeyer

2. DATE OF DEATH: 3.19.49

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: 10 Yrs. 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 103 Oakley Village 25 11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 1, 1889
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WINE STEWARD
10B. KIND OF BUSINESS OR INDUSTRY: Southern Hotel

11. BIRTHPLACE (State or foreign country): Berkeley Springs West Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter L. Widmeyer
14. MOTHER'S MAIDEN NAME: Amanda Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 236-12-7557
17. INFORMANT: Mrs Viola Wade ADDRESS: Box 243 Berkeley Springs W Va

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 3/16 1949 to 3/19, 1949, *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Marcus Oxman, M. D. M. D.
23B ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 22.
24C. NAME OF CEMETERY OR CREMATORY: Berkeley Springs
24D LOCATION (City, town, or county) (State): Berkeley Springs West Va

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: H. Sands & Sons ADDRESS: 1649 E. North Ave

VS 150

832a

RTIFICATE DELIVERED 3-29-49 G72382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72582

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Augusta Woodrow Woodrow

2. DATE OF DEATH: 17 Mar. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1817 Aisquith St.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1817 Aisquith Street 9-04

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 28th. 1871
9. AGE (In years last birthday): 77 (If under 1 year: Months: 11 Days: 18 If under 24 hours: Hours Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: August Haupt
14. MOTHER'S MAIDEN NAME: ? Richards
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Charles A. Deatel, ADDRESS: 2956 W. North Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Wm. H. Kammer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED: 17 Mar. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-21-49

24C. NAME OF CEMETERY OR CREMATORY: London Park Cemetery,

24D. LOCATION (City, town, or county) (State): Frederick Road, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: 1735 Harford Avenue

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G72583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1951

G72583

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine E.Donellan

2. DATE OF DEATH: March 17,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1640 Holbrook Street
C. Length of stay in Baltimore: 55 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1640 Holbrook Street

9-19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	May 1st.,1875	73	10 / 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ireland	U.S.A.

13. FATHER'S NAME: Edward O'Hagan

14. MOTHER'S MAIDEN NAME: Mary Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	None	Mrs.Marie F.Marx,	1640 Holbrook Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 1948

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur? —

22. *I hereby certify that I attended the deceased from* July 1948 *to* March 17, 1949, *that I last saw the deceased alive on* Mar. 17, 1949; *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Brengor M. D.

23B. ADDRESS: 1402 E. Lanvale St.

23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-21-49	New Cathedral	Edmondson Avenue, Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949

REGISTRAR'S SIGNATURE: Catherine Mitchell, R

25. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: 1735 Harford Avenue

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G72584 BALTIMORE CITY HEALTH DEPARTMENT 163 G72584
BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print) Mary E. Hersperger
2. DATE OF DEATH Mar 18 '49

3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 W University Pkwy
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Md.
c. Length of stay in Baltimore 27 Yrs. Mos. Days
D. STREET ADDRESS (If rural, give location) 602 W. University PKy 13 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widow	11-17-1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		Frederick Co. Md.	U. S. A.

13. FATHER'S NAME Thomas G. Plummer
14. MOTHER'S MAIDEN NAME Catherine Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Dr. W. G. Hersperger	12 E. 33rd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma, lung, right — INTERVAL BETWEEN ONSET AND DEATH 16 mos

DUE TO (B)

ANY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) Arteriosclerosis — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ANTECEDENT CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1948 *to* March 18, 1949 *that I last saw the deceased alive on* Mar 18 1949, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Grason E. Ward, M. D.	Medical Arts Bldg	Mar. 18 '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-20-49	Mt. Olivet	Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 20 1949	Thurlow for Addison	John O. Mitchell & Sons	1900 Eutaw Pl.

VS-150

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G72585 ✓ G72585 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4 20 1

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ABE STEIN

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1134 Pembridge Ave

c. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1134 Pembridge Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	married		62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Russia	

13. FATHER'S NAME: Aaron

14. MOTHER'S MAIDEN NAME: Sylvia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Sarah Stein	1134 Pembridge Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Insufficiency

DUE TO

(B) Coronary Sclerosis

DUE TO

(C) Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/18 49 *to* 3/17, 19 49 *that I last saw the deceased alive on* 3/17, 1949, *and that death occurred at* 9¼ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Winston M. D.	204 E. Biddle St	3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-20-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 20 1949	Thos. Williams M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

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BIRTH NO. 672586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 672586

1. NAME OF DECEASED (Type or Print): IRA GIVANTMAN

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General
C. Length of stay in Baltimore: 26 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 13
D. STREET ADDRESS (If rural, give location): 4528 Reisterstown Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 55 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lakah
14. MOTHER'S MAIDEN NAME: Gitta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: Henry Givantman ADDRESS: 4528 Reist Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage, prob. — Interval: 12 hrs.
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Thrombocytopenia, etiol. undetermined — Interval: 3 weeks
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18 19 49 *to* 3/18 19 49 *that I last saw the deceased alive on* 3/18 19 49 *and that death occurred at* 7 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: M. Goldstein M. D.
23B. ADDRESS: WBGH
23C. DATE SIGNED: 3/19

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-20-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

832

G72587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72587

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): AARON ROSEN

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale

C. Length of stay in Baltimore: 47 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH:

9. AGE (In years last birthday): 82
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph

14. MOTHER'S MAIDEN NAME: Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Ralph Levin ADDRESS: 2118 Park Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7, 1944, *to* 3-18, 1949, *that I last saw the deceased alive on* 3-18, 1949, *and that death occurred at* 3:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel, M. D.

23B. ADDRESS: Levindale Home

23C. DATE SIGNED: 3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-20-49

24C. NAME OF CEMETERY OR CREMATORY: Rosedale

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 150

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BIRTH NO. G72588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 142 B 72588

1. NAME OF DECEASED (Type or Print): MRS ANNA MILLER KAUFFMAN
2. DATE OF DEATH: March 19 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3601 Howard Park Ave.
c. Length of stay in Baltimore: 26 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, 7
D. STREET ADDRESS (If rural, give location): 3601 Howard Park Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11 1899
9. AGE (In years last birthday): 50 | If under 1 Year: Months Days | If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: E. SHERMAN MILLER
14. MOTHER'S MAIDEN NAME: AGNES BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Marcellus Kauffman ADDRESS: 3601 Howard Park Ave. 7,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Glomerulo-Nephritis — 15 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Neither
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1948, to March 19, 1949 that I last saw the deceased alive on March 18, 1949, and that death occurred at 6.00 A m., from the causes and on the date stated above.

23A. SIGNATURE: Millard T. Zealand M.D.
23B. ADDRESS: 3400 Woodbine Ave Balt 7 Md
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 22 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Rose
24D. LOCATION (City, town or county) (State): York Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Harry H. Umaroff
ADDRESS: 4204 Pedgemoor Rd

VS 150

131a

S-72589 ✓4-1✓ S-72589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Mr. Anthony P. Rice

2. DATE OF DEATH: Mar. 17, 49

3. PLACE OF DEATH
A. Baltimore City, Maryland 5103 Midwood Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-10
D. STREET ADDRESS (If rural, give location): 5103 Midwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widowed	10-2-1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Frederick Rice
14. MOTHER'S MAIDEN NAME: Elizabeth Wisenkemper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Thos. Rice / Mrs. Edw. Lennon — ADDRESS: 5103 Midwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bulbar Paralysis + Oedema of Lungs — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 days
(B) Cardio-vascular-renal disease — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: indefinite
(C) — DUE TO — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Mch 17, 19 49, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 18 E Eager St Balto Md
23C. DATE SIGNED: Mch 20 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-21-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: 3/20/49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

VS 150

G72590 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 4-20-1

G72590 — Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Mary J. Strasinger

2. DATE OF DEATH: 3-19-49

3. PLACE OF DEATH
A. Baltimore City, Maryland: BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hosp
c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 609 E. 36th ST. 9 03

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 14, 1879
9. AGE (In years last birthday): 70
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Keely
14. MOTHER'S MAIDEN NAME: Henryette Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Strasinger ADDRESS: 609 E. 36th ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

DUE TO

(B) Arterio sclerosis, generalized — 10 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-1949 to 3-19-1947, that I last saw the deceased alive on 3-18-1947, and that death occurred at 3 29 m., from the causes and on the date stated above.

23A. SIGNATURE: Richard C. Hayden M.D.
23B. ADDRESS: Bon Secours Hosp
23C. DATE SIGNED: 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3-22-49
24C. NAME OF CEMETERY OR CREMATORY: PARKWOOD
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE: Awaiting for Indication
25. FUNERAL DIRECTOR: John R. Moran ADDRESS: 3000 E Baltimore

VS 150

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G72593 ..

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G72593 Registered No. 1 G72593

1. NAME OF DECEASED (Type or Print): MICHAEL J. ERHARDT
2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 713 S. Highland Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 713 S. Highland Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 24, 1876
9. AGE (In years last birthday): 72 — If under 1 year: Months 9, Days 23; If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Copper Works.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Unknown Erhardt
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: George Erhardt ADDRESS: 713 S. Highland Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) General Arteriosclerosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
(B) Chronic Myocarditis — DUE TO — 5 yrs
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from May, 1949, to 3/17, 1949, that I last saw the deceased alive on 3/17, 1949, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE: Nelson F. Solomon M.D.
23B. ADDRESS: 129 S. Bway
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/21/49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE: Henrietta for Williams
25. FUNERAL DIRECTOR: Charles S. Zeiler ADDRESS: 901 S. Conkling St.

93D

G72592 G72592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 401.1

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Robert Ruth

2. DATE OF DEATH: Mar 17 '49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 111 S. Fremont St - 36 - 44

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-21-27
9. AGE (In years last Birthday): 22 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Ruth
14. MOTHER'S MAIDEN NAME: Rosetta Tubeau
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Subacute bacterial endocarditis	about 4 wks
DUE TO (B)	mitral stenosis	
II. ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Rheumatic heart disease	10 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 14 1949 *to* Mar. 17, 1949 *that I last saw the deceased alive on* Mar. 17, 1949, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Bertram S. Spurgin M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 3/21/49
24C. NAME OF CEMETERY OR CREMATORY: Mount Carmel
24D. LOCATION (City, town, or county) (State): Edmondson

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wendell J. Keppel
ADDRESS:

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G72593 ✓ X G72593

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1998

Registered No.

1. NAME OF DECEASED (Type or Print): Luke H. Broadwater

2. DATE OF DEATH: 8·20·49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Delaware
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilmington
D. STREET ADDRESS (If rural, give location): 7 Barley Mill Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Aug. 6, 1870
9. AGE (In years last birthday): 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephiram Broadwater
14. MOTHER'S MAIDEN NAME: Lydia Tressler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Joanne Hosford. ADDRESS: C.H.H.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis, primary site not determined — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) Bronchopneumonia — 2 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease — Not Known

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2·14, 1949 *to* 8·20, 1949 *that I last saw the deceased alive on* 8·20, 1949, *and that death occurred at* 9:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lee Howard M. D.
23B. ADDRESS: Church Home and Hosp.
23C. DATE SIGNED: 8·20·49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Aug 24, 49
24C. NAME OF CEMETERY OR CREMATORY: Silverbrook
24D. LOCATION (City, town, or county) (State): Wilmington Del

DATE RECEIVED BY LOCAL REGISTRAR: MAR 20 1949 VS 150
REGISTRAR'S SIGNATURE: Lauriston Williams, M.D.
Lauriston Williams, M.D.
25. FUNERAL DIRECTOR: C. P. Rodgers ADDRESS: Oxford Pa

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G72594

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G72594 Registered No.

1. NAME OF DECEASED. (Type or Print) Ollie Bennett. 2. DATE OF DEATH MAR 20 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore 22 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 905 McAleer Court. 10 ✓

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	9-17-78	70	6 / 3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE ?

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Saul Mick

14. MOTHER'S MAIDEN NAME Mary C. Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Myocardial Infarction Posterior	1 wk
DUE TO (B)	Hypertensive Cardio Vascular disease	1 yr +
(C)		

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18- *, 1949, to* 3-20- *, 1949 that I last saw the deceased alive on* 3-20- 1949 *and that death occurred at* 4 20 *Am., from the causes and on the date stated above.*

23A. SIGNATURE Richard P Ross M.D. — 23B. ADDRESS JOHNS HOPKINS HOSPITAL — 23C. DATE SIGNED 3.20.49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 24B. DATE 23 MAR, 1949 — 24C. NAME OF CEMETERY OR CREMATORY PARSONS — 24D. LOCATION (City, town, or county) (State) PARSONS, W. VA.

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949 — REGISTRAR'S SIGNATURE Hampton Williams, M.D. — 25. FUNERAL DIRECTOR ADDRESS Walter Brooke Bradley 700 Wilkens Avenue Robt Dundalk (22) 937

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN J. JORDON

2. DATE OF DEATH: March 19,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 938 Webb Court
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 938 Webb Court 10-0

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Single	Aug.16,1877	71	7	3		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	John Hazard	Baltimore,Md.	

13. FATHER'S NAME: George T. Jordon

14. MOTHER'S MAIDEN NAME: Lucy A. Abbott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	212-07-1282	Mrs Norma Johnson,3115 Chesterfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) ARTERIOSCLEROSIS	10 YRS
DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) CHR. INT NEPHRITIS.	5 YRS
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	BRONCHIAL ASTHMA	1 YR.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* JAN, 1949, *to* MAR 19, 1949, *that I last saw the deceased alive on* MAR 19, 1949, *and that death occurred at* 11. A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James F Kavanagh MD M.D.	3014 Mc Elderry St	3-20-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Oak Lawn	Rosedale, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 21 1949	[illegible]	William Cook, Inc., 1217 St. Paul St.

VS 150

1310

G72596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G72596

1. NAME OF DECEASED (Type or Print): Sadie Eid

2. DATE OF DEATH: Mar 14th 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION: 312 Birkwood Place (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 312 Birkwood Place

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 14th 1869
9. AGE (In years last birthday): 79
If Under 1 Year: Months 11 Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At H[illegible]
10B. KIND OF BUSINESS OR INDUSTRY: Sales
11. BIRTHPLACE (State or foreign country): Lebanon - Europe
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: M Farhat
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: David M. Bowersox ADDRESS: 312 Birkwood Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C-V-D — INTERVAL BETWEEN ONSET AND DEATH: 15 mos
DUE TO
(B) Generalized Arteriosclerosis — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Jan 1948, to March 1949, *that I last saw the deceased alive on* Mar 19, 1949, *and that death occurred at* 12:35 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John M. Scott M. D.
23B. ADDRESS: 8 Longwood Road, 10
23C. DATE SIGNED: Mar 19, '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/22/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Thaddeus Williams, Jr.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

93D

G772597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 43

G772597 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY E. BEARMAN

2. DATE OF DEATH: March 19,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 Tolna St
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 512 Tolna St 26-05

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	Dec.11,1870	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME: Frank Carlisle

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Alexander F. Bearman, 3021 McElderry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) L. ventricular failure — DUE TO

ANTECEDENT CAUSES

(B) Hyper. & coronary disease — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/9, 1949, *to* 3/19, 1949, *that I last saw the deceased alive on* 3/18, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 1613 Cookr

23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Oak Lawn	Rosedale, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: [signature] Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: William Cook, Inc., 1217 St. Paul St.

VS 150

937

B 72598 B-72598 B-72598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 416

Registered No. B 72598

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAZEL LEE HEIN

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Co.
D. STREET ADDRESS (If rural, give location): 6904 Wardman Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	Oct. 6, 1890	58	8	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Illinois	America

13. FATHER'S NAME: John Berry

14. MOTHER'S MAIDEN NAME: Anna Mozek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no -	-		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism & Infarction

DUE TO

(B) Rheumatic Heart Disease with Mural Thrombi

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar. 19, 1949 *to* Mar. 20, 1949 *that I last saw the deceased alive on* Mar. 19, 1949 *and that death occurred at* 2:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. R. Cox M. D.	Union Memorial Hospital	Mar. 20, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Mar. 21, '49	Naperville	Naperville, Ill.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Mar. 21, '49	Huntington Williams, M.D.	Wm. Cook, Inc.,	1217 St. Paul St.

VS 150

95-0

G72599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776

G72599

BIRTH NO. B.C. 49 05481 Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Smith

2. DATE OF DEATH February 15, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2212 Morris Street 1303

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital

c. Length of stay in Baltimore — Yrs. 0 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Single	February 15, 1949			18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Smith

14. MOTHER'S MAIDEN NAME Ernestine Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Ernestine Smith ADDRESS 2212 Morris Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Immaturity — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* February 15, 1949, *to* February 15 19 49 *that I last saw the deceased alive on* February 15 19 49, *and that death occurred at* 7:10 Pm., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Glen G. Rice M.D.	601 North Broadway	3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Holy Redeemer	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Courtney Van Williams, M.D.		

VS 150

159

G72600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63

G72600

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Henry Leyhe

2. DATE OF DEATH 3/19/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1210 Lafayette Ave
C. Length of stay if 69 Yrs. Mos. Days Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Baltimore md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore md
D. STREET ADDRESS (If rural, give location) 1210 E Lafayette ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
F	W	Married	3/14/1882	67	mo	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	Baltimore md	U.S.A.

13. FATHER'S NAME Jacob Lafie

14. MOTHER'S MAIDEN NAME Katherine Sokup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Edward Leyhe	1210 E. Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of Lung	months
DUE TO	—	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* 3/19, 1949 *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Rlew. Holley M. D.	4703 Harford Rd	3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Most Holy Redeemer	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Huntington Williams, M.D.	Chas P. Towell	2427 Edmondson Ave

VS 150

479

772601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67.5

772601

BIRTH NO. B.C. 49-05721 Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE IRVING PARRISH

2. DATE OF DEATH: 3-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore: 20 hrs 50 min (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3325 PAINE Street. 13 06

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	S	3-19-49			20 60

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		Maryland	U.S.A.

13. FATHER'S NAME: Mr. David PARRISH

14. MOTHER'S MAIDEN NAME: Mrs. Elizabeth WALK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Respiratory Arrest
DUE TO
(B) Prematurity +
(C) Atelectasis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19 *1949 to* 3-20 *1949 that I last saw the deceased alive on* 3-20 *1949 and that death occurred at* 10A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis L. Collins M. D.	Union Memorial Hosp.	3-20-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-21-49	Mt Zion	Delair Harford Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Washington Williams, M.D.	Frank H. Seitz	814 N 36th St

VS 150

159

G772602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G772602

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Hoffberger

2. DATE OF DEATH 3-20-49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 903 Lake Drive 13-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	M	12-25-84	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive	Coal, Oil etc.	Baltimore, Md	US

13. FATHER'S NAME Charles Hoffberger

14. MOTHER'S MAIDEN NAME Sarah Hollander

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 217-01-6937

17. INFORMANT Jack Hoffberger ADDRESS Balto, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.: it means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Two. Wks

DUE TO

(B) Pyelonephritis — Three Months

DUE TO B. Pyocyaneus, B. Coli, Staph. albus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) [redacted]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug [illegible], 1948 *to* 3-19, 1949 *that I last saw the deceased alive on* 3-19, 1949, *and that death occurred at* 2:45 *a. m., from the causes and on the date stated above.*

23. SIGNATURE, M. D.	23B. ADDRESS	23C. DATE SIGNED
[signature]	1109 N. Eutaw St	3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 21, 1949	Hebrew Friendship Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	[signature]	Sol Levinson & Bros	1126 W North Ave

VS 150

MANFRED S. GUTTMACHER

132a

G72603

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72603 Registered No.

1. NAME OF DECEASED (Type or Print): Charles Oliver

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH: A. Baltimore City, Maryland University Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
STATE: Harmons. A.A. Co
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harmons A.A. Co. Rural Md
D STREET ADDRESS (If rural, give location): Harmons. a.a. co. md

5. SEX: C
6. COLOR OR RACE: M
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 55
If Under 1 Year: Months Days: —
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: mm
11. BIRTHPLACE (State or foreign country): a.a. co. md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isreal Oliver
14. MOTHER'S MAIDEN NAME: Omaye Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO:
17. INFORMANT: Blanche Oliver ADDRESS: Harmons a.a.co md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

DUE TO

(B) Generalized Arteriosclerosis

DUE TO

(C) Coronary Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17 1949 *to* 3-18 1949 *that I last saw the deceased alive on* 3-18 1949 *and that death occurred at* 5:45 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: John H. Nightlower M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-21-49
24C. NAME OF CEMETERY OR CREMATORY: Oliver Cemetery
24D. LOCATION (City, town, or county) (State): a.a. co. md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Courtney for Williams, M.D.
25. FUNERAL DIRECTOR: James A. Hayes ADDRESS: 142 W. Hill St

VS 150

92D

772604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G772604

BIRTH NO. B.C. 49-00599 — Registered No.

1. NAME OF DECEASED (Type or Print): all [illegible] J. JACKS — 2. DATE OF DEATH: 3-14-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.

c. Length of stay in Baltimore: 2 Yrs. 9 Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1522 Madison Ave. 14 or

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C	S	1-5-47		2	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Allen J. Jacks
14. MOTHER'S MAIDEN NAME: Mirdella Mason
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: —
17. INFORMANT: Mother — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Intractable Vomiting — INTERVAL BETWEEN ONSET AND DEATH: 37 days

DUE TO

(B) Cortical atrophy

DUE TO

(C)

ANTECEDENT CAUSES

II: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-7-49
19B. MAJOR FINDINGS OF OPERATION: No pathology demonstrated
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Mar 1, 1949, to Mar. 14, 1949, *that I last saw the deceased alive on* 3-14, 1949, *and that death occurred at* 3 30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Kale G. Smith Jr M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 3-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: University Medical School
24D. LOCATION (City, town, or county) (State): MAR 18 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS
Commissioner of Health

VS 150

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G72605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No.

G72605

1. NAME OF DECEASED (Type or Print): Mrs. Sophia Sponheimer

2. DATE OF DEATH: Mar. 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 126 N Luzerne Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 126 N Luzerne Ave — 6 - 0 - 7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	June 26 1877	71	8	21

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frederick Koerber

14. MOTHER'S MAIDEN NAME: Caroline Stang

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Geo L Sponheimer — ADDRESS: 1871 N Montford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	2 days
DUE TO (B)	Cardio-vascular Hypertensive Disease	10 years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Arteriosclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diabetes	20 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1939 *to* March 19, 1949 *that I last saw the deceased alive on* March 18, 1949, *and that death occurred at* 6:20a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Michael J. Dausch M. D.

23B. ADDRESS: 1 West Overlea Avenue (6)

23C. DATE SIGNED: Mar. 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Mar. 22-1949

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

24D. LOCATION (City, town, or county) (State): Rural

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Ulrich Funeral Home

VS 150

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G72606

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72608

1. NAME OF DECEASED (Type or Print): STANLEY PHILLIPS

2. DATE OF DEATH: March 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COLD SPRING NURSING HOME

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 417 W. Pratt St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 83
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Phillips
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Joseph Paulonis ADDRESS: 417 W. Pratt St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. — 10 yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB 15, 1949, *to* March 19, 1949, *that I last saw the deceased alive on* March 19, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Norman L Kleiman, M. D.
23B. ADDRESS: 3803 Edmondson Ave
23C. DATE SIGNED: 3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 21-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, Town, or County) (State): 4935 Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: John A. Gretkauskas Jr.
ADDRESS: 4235 Pace St

VS 150

G72607

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72607

Registered No.

1. NAME OF DECEASED (Type or Print) RAY LONG

2. DATE OF DEATH March 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 766 George Street 17 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	Widower		57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Salesman

11. BIRTHPLACE (State or foreign country) Harrisburg Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 222-05-1313

17. INFORMANT John Veth ADDRESS 766 George St

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Mt Calvary

24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY REGISTRAR MAR 21 1949

REGISTRAR'S SIGNATURE [signature] for Williams, M.D.

25 FUNERAL DIRECTOR A. Rabsted

ADDRESS 918 Druid Hill Ave

VS 151

72608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72608 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE LAWLER.

2. DATE OF DEATH MARCH 18 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE CITY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) KIRKLEIGH VILLA

c. Length of stay in Baltimore 12 YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE BALTIMOR MARYLAND.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4301 ROLAND AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	SINGLE.	JUNE 15 1859	89YR		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Unknown	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Rice Lawler	Eliza Barry Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	none	Sr. Mary Germaine	4301 Roland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CHRONIC MYOCARDITIS MARCH 6	1949.
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) ARTERIOR SCLEROSIS	1949.
DUE TO		
	(C) SENILITY.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MARCH 6, 1949 *to* MARCH 18, 1949 *that I last saw the deceased alive on* MARCH 18 1949, *and that death occurred at* 10.30 *m. from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ernest P. Blanchard M. D.	3013 ST PAUL STREET	MARCH 19, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	New Cathedral	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Huntington Williams, M.D.	Chas. F. Evans & Son Inc.	118 W. Mt. Royal Ave. 21

VS 150

Hospital Disposal ✓ X 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72609

Registered No.

BIRTH NO. B.C. 49-05-340

1. NAME OF DECEASED (Type or Print): Baby Girl Whetzel

2. DATE OF DEATH: MAR 12 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk,
D. STREET ADDRESS (If rural, give location): 3114 Baybriar Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	White		3-12-49				5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vernon Whetzel

14. MOTHER'S MAIDEN NAME: Wanda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) ? Atelectasis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Allanson M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: Holy Sepulchre

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Chas. Livingston for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

159

G72610

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 4 3 Registered No.

G72610

1. NAME OF DECEASED (Type or Print): ELLA M. SHAVELIN

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1818 Warwick Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1818 Warwick Ave. 15-03

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: about 1880
9. AGE (In years last birthday): about 69 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. George J. Props ADDRESS: 1714 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) cerebral Hemmorrhage
DUE TO
ANTECEDENT CAUSES
(B) Hypertension Heart Disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 week

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1 1945 *to* March 15 1949, *that I last saw the deceased alive on* 3-15-49, 19___, *and that death occurred at* 5:27 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Rosen M. D.
23B ADDRESS: 206 S. Gilmor St.
23C DATE SIGNED: 3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/21/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

937

G72611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

600.0

G72611

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE THOMAS EVANS

2. DATE OF DEATH: Mar. 18, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3501 Berwyn Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3501 Berwyn Ave. 15-10

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 2, 1873
9. AGE (In years last birthday): 75 yrs. (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Oysterman
11. BIRTHPLACE (State or foreign country): Seaford, Del.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Prettyman Evans
14. MOTHER'S MAIDEN NAME: Sarah Jane Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mr. Thomas Marberger ADDRESS: Greenwich Gardens

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 9 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Syphilis — ?
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 24, 1949 *to* March 18, 1949 *that I last saw the deceased alive on* March 17, 1949 *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles S. Willett M. D.
23B. ADDRESS: 2220 Harrison Blvd
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/21/49
24C. NAME OF CEMETERY OR CREMATORY: Solomon's Island Cem.
24D. LOCATION (City, town, or county) (State): Solomons Island Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

133a

G72612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 90-1 G72612

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): RICHARD WARREN HOLT

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2211 W. Rogers Ave. Ch. Home for the Aged of the Meth.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2211 W. Rogers Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Mar. 28, 1867
9. AGE (In years last birthday): 81 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York, N. Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard James Holt
14. MOTHER'S MAIDEN NAME: Elmira Louise Warren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. M. B. Fisher ADDRESS: 2211 W. Rogers Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture - Rt. femur - fall. — INTERVAL BETWEEN ONSET AND DEATH: 15 days

DUE TO

(B) Generalized Arteriosclerosis ?

DUE TO

(C) Hypertens. Rx Heart Disease ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY: H. J. McClafferty M.D.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Fell out of bed
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2211 W Rogers Ave
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore 9. Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 4 - 1949 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fell on Infirmary floor

22. *I hereby certify that I attended the deceased from* March 17, 1949 *to* March 18, 1949 *that I last saw the deceased alive on* Mar 18, 1949 *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles L Warner M. D.
23B. ADDRESS: 421 Med. Arts Bldg
23C. DATE SIGNED: 3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/21/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pk.
24D. LOCATION (City, Town, or County) (State): Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

186a

CERTIFICATE CORRECTED 4-22-49

G72613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72613

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERMAN ROBERT MUINCH

2. DATE OF DEATH: Mar. 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3609 Greenway
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3609 Greenway

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	Jan. ~~12, 1880~~ 14, 1881	68 ~~69~~ yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
produce	self	Baltimore, Md.	

13. FATHER'S NAME: Charles Muinch

14. MOTHER'S MAIDEN NAME: - Laudenschlager

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Dr. ~~Rosen~~ Babe Jett	Prince Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO
(B) Arterio-sclerosis — 4 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1944, *to* March, 1945, *that I last saw the deceased alive on* Mar. 16, 1949, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Wm. Hansen, M.D.	20 E. Preston Street	3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 21, 1949	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

772614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No. G772614

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carrie Rebecca Hall

2. DATE OF DEATH 3-18-49

3. PLACE OF DEATH:
A. Baltimore City, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1122 N. Fulton Ave 16 04

5. SEX	6. COLOR & RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Fe	Negro	Widowed	August 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Calvert Co. Md.	

13. FATHER'S NAME Dennis Brown
14. MOTHER'S MAIDEN NAME Sarah Graham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mildred H. Noble	1022 N. Fulton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular disease

DUE TO

(B) Cardiac Hypertrophy

DUE TO

(C) Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12- 1949 *to* 3-16 1949, *that I last saw the deceased alive on* 3-18 1949 *and that death occurred at* 7:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	Provident Hospital	3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-21-49	Mt Zion	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Huntington Williams, M.D.	George E. Kelson	1393 Pennsylvania Ave

VS 150

93D

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72615

1. NAME OF DECEASED (Type or Print): Guy Hepburn

2. DATE OF DEATH: MAR 19 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

D. STREET ADDRESS (If rural, give location): 2423 FRANCIS St.

c. Length of stay in Baltimore: Yrs. 13 Mos. 03 Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	Colored	Widowed	July 5 1893	55				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Md.	

13. FATHER'S NAME: Charles Hepburn

14. MOTHER'S MAIDEN NAME: Sarah Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Operation during anesthesia — Peritonitis, diffuse — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Ruptured Appendix — 5-7 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonary Tuberculosis — Yrs

19A. DATE OF OPERATION: 3.19.49

19B. MAJOR FINDINGS OF OPERATION: Peritonitis and Ruptured Appendix

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18- 1949 *to* 3-19- 1949 *that I last saw the deceased alive on* 3-19- 1949 *and that death occurred at* 320 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: H Handelsman M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 3.19.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-22-49

24C. NAME OF CEMETERY OR CREMATORY: St Peters cem

24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: George E. Kelson ADDRESS: 1303 Pennsylvania Ave

VS 150

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G72616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4/20

G72616

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): George Rogan

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1106 W. Lombard St.

C. Length of stay in Baltimore: 42 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write NAME and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1106 W. Lombard St. 18 03

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1880

9. AGE (In years last birthday): 69

If Under 1 Year: Months 2, Days 4

If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: B.& O.R.R.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: 705-07-9275

17. INFORMANT: Mrs Christina Rogan ADDRESS: 1106 W. Lombard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Cardio Vascular Disease — years

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 10, 1949 *to* March 19, 1949 *that I last saw the deceased alive on* March 19, 1949, *and that death occurred at* 7 A. m. *from the causes and on the date stated above.*

23A. SIGNATURE: Charles Truswell M.D.

23B. ADDRESS: 940 W Lombard St.

23C. DATE SIGNED: Mar 19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Mar. 21, 1949

24C. NAME OF CEMETERY OR CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Frederick A. Cole ADDRESS: 937

VS 150

G72617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 16

G72617

BIRTH NO. Bertha Estella Patterson

Registered No.

1. NAME OF DECEASED (Type or Print) Bertha Estella / Patterson

2. DATE OF DEATH 3-19-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3006 Grayson St.

16 0 /

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Sept. 1, 1886
9. AGE (In years last birthday) 62
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Carr
14. MOTHER'S MAIDEN NAME Sarah M. Hines

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Ernest C. Patterson ADDRESS 3006 Grayson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Atrophy — INTERVAL BETWEEN ONSET AND DEATH: ~~1 day~~

DUE TO

(B) Rheumatic cardio vascular disease, c right upper lobe pneumonia — INTERVAL BETWEEN ONSET AND DEATH: years 4 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 19 49 *to* 3-19, 19 49, *that I last saw the deceased alive on* 3-18, 19 49, *and that death occurred at* 1:20 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE Jno. B. Swan MD M. D.
23B. ADDRESS Univ. Hosp
23C. DATE SIGNED 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/22/49
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park
24D. LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949
REGISTRAR'S SIGNATURE Entitled for Williams, M.D.
25. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

VS 150

108

G72618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1

G72618 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Royal B. Coleman

2. DATE OF DEATH: 18 Mar. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5010 Park Heights Ave.
C. Length of stay in Baltimore: 79 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5209 Linden Heights Ave. 27 18

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	6/30/1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ticket Taker	Uptown Theater	Maryland	

13. FATHER'S NAME: Royal B. Coleman

14. MOTHER'S MAIDEN NAME: Anna Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-01-4227

17. INFORMANT: Mrs. Caroline D. Coleman ADDRESS: 5209 Linden Hghts Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Disease	3 yrs.
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D.		18 Mar. 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Loudon Park	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	[illegible] Williams, Jr.	G. Howard Strong	3207 W. North Ave.

VS 151

94a

G72619

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

G72619

1. NAME OF DECEASED (Type or Print) Blanche Perry

2. DATE OF DEATH 3-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 933 - Stricker 16-02

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 31, 1894
9. AGE (In years last birthday) 54 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert
14. MOTHER'S MAIDEN NAME Jane Bishop
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT Leola Perry ADDRESS 933 Stricker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardiovascular Disease — Interval between onset and death: 4 yrs.
DUE TO
(B) Cardiac hypertrophy
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary edema & infarction

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17- 1949, to 3-17, 1949 *that I last saw the deceased alive on* 3-17-, 1949 *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE A. E. Brady Jr. M. D.
23B. ADDRESS Provident Hospital
23C. DATE SIGNED 3-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3-21-49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Mr Katie R Williams
ADDRESS 32 N Schroeder St

VS 150

931

G72620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 48-12424 — Registered No. 475 / 517 — G72620

1. NAME OF DECEASED (Type or Print): Henry Gibson

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1704 Pearce St. 19-01

5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-5-1948
9. AGE (In years last birthday): If Under 1 Year: Months 13, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Gibson
14. MOTHER'S MAIDEN NAME: Bessie Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Bessie Gibson — ADDRESS: 1704 Pearce

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar Pneumonia, Influenza
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-21-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24D. LOCATION (City, town, or county) (State): Catonsville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams — ADDRESS: 322 N. Gilmor St.

VS 151

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G72621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

vol 1 G72621
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walter Pendelton.

2. DATE OF DEATH: 3-17-1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2809 Roslyn Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2809 Roslyn Ave. 15 - 28

5. SEX: male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1- 1869
9. AGE (In years last birthday): 80
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlestown, W. Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Pendelton.
14. MOTHER'S MAIDEN NAME: Susie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. William Mc Phail. ADDRESS: 2809 Roslyn Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1949 *to* Mar 17, 1949 *that I last saw the deceased alive on* Mar 16, 1949 *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Irvin Sanders M. D.
23B. ADDRESS: 3003 Garrison Blvd
23C. DATE SIGNED: Mar 17 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-21-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 522 N Schroeder St

VS 150

94 a.

G72622

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581

Registered No. G72622

1. NAME OF DECEASED (Type or Print): DEWEY MARTIN

2. DATE OF DEATH: 3/20/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2008 E. Pratt St. 2-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	6/14/1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. Martin

14. MOTHER'S MAIDEN NAME: Hannah Irene Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO: ?

17. INFORMANT: Pearl Martin ADDRESS: 2008 E. Pratt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage from Esophageal Varices

DUE TO

(B) Alcoholic Cirrhosis of Liver

DUE TO

(C) Syphilis of Central Nervous System

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 3/19/49 to 3/20/49, that I last saw the deceased alive on 3/20/49, and that death occurred at 1:00 m., from the cause and on the date stated above.

23A. SIGNATURE: Vernon Fekler M.D.

23B. ADDRESS: Sinai Hospital

23C. DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 3/22/49

24C. NAME OF CEMETERY OR CREMATORY: Sherwood Cem.

24D. LOCATION (City, town, or county) (State): Roanoke Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Hunter Jr. Williams, M.D.

25. FUNERAL DIRECTOR: Willis Zeiler Inc. ADDRESS: 4035 Wolfe St.

VS 150

31C

72623

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72623

Registered No.

1. NAME OF DECEASED (Type or Print) John Walter

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 920 S. Belnord Ave

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 920 S. Belnord Ave. 1-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	Married	8/1/1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	?	Maryland	U.S.A.

13. FATHER'S NAME John A. Walter

14. MOTHER'S MAIDEN NAME Mary F. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No —	?	Barbara Walter	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Emil L. Beyer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED 24 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/23/49	Baltimore, Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Huntington Williams, M.D.	Lilly & Zeiler Inc.	405 S. Wolfe St.

VS 151

937

G72624 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E971.8 N-979.0

G72624 Registered No.

1. NAME OF DECEASED (Type or Print): PAUL BELL DAVIS, Ph. D.

2. DATE OF DEATH: March 19, 1949

3. PLACE OF DEATH: A. Baltimore City: Maryland 1404 Mt. Royal Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1404 Mt. Royal Avenue
c. Length of stay in Baltimore: 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1404 Mt. Royal Avenue 17-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug. 15, 1889
9. AGE (In years last birthday): 60 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): chemist
10B. KIND OF BUSINESS OR INDUSTRY: Davis Chem. Co.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Paul S. Davis
14. MOTHER'S MAIDEN NAME: Roe Garwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Miss Anna M. Davis-352 Broad St., Salem, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cyanide Poisoning
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1404 Mt. Royal Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 19, 1949 (?) ? m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingestion of Sodium Cyanide

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): cremation
24B. DATE: Mar. 22, 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Municipal Investigator
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Pl.

Mitchell & Mitchell

VS 151

1639

G72625

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4341

Registered No. G72625

1. NAME OF DECEASED (Type or Print): SAMUEL ELLIS GASKINS

2. DATE OF DEATH: March 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 319 W. Madison Street 11-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	Colored	Single		43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): High Point, N.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel E. Gaskins

14. MOTHER'S MAIDEN NAME: Nellie Forrester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 217-07-0195

17. INFORMANT: Hazel Peterson ADDRESS: 531 Barre St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

(B) Acute Congestive Heart Failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE OF M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/21/49

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct

24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: J. L. Brown & Son ADDRESS: 1082 W Montgomery St

VS 151

93E

Dr. White
G72626
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 43 Registered No. G72626

1. NAME OF DECEASED (Type or Print): Joseph E. Wagner, Sr.

2. DATE OF DEATH: Mar 20, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3027 Pinewood Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3027 Pinewood Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 28, 1886
9. AGE (In years last birthday): 62 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Wagner
14. MOTHER'S MAIDEN NAME: Ella Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: Mrs. Anna T. Wagner 3027 Pinewood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage Lt Side with Paralysis. — Interval between onset and death: 1 week.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) Hypertensive Cardio Vascular Disease — Interval between onset and death: 3 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 46 to Mar 20 49 that I last saw the deceased alive on Mar 19 1949 and that death occurred at 7:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE: James E White M.D.
23B. ADDRESS: 5214 Harford Road
23C. DATE SIGNED: MAR. 20/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-23-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 19
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Rd.

VS 150

937

G72627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5401 Registered No. G72627

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Mc Crorie

2. DATE OF DEATH 3/19/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days 22-07

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2806 Northern Parkway

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept 4-1878 | 9. AGE (In years last birthday) 70 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life) Clerk | 10B. KIND OF BUSINESS OR INDUSTRY (Give kind of business or industry even if retired) Jarca Corp. | 11. BIRTHPLACE (State or foreign country) Scotland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? | 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-09-3188 | 17. INFORMANT Miss Alison Pagan | ADDRESS 2806 Northern Pkwy.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO Repair of peptic ulcer - site of repair open - peritoneal abscess

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* , 19 , *to* 3/14 , 1949, *that I last saw the deceased alive on* 3/19 , 1949, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE E. Harrison M. D. | 23B. ADDRESS Sinai Hosp. | 23C. DATE SIGNED 3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 3/23/49 | 24C. NAME OF CEMETERY OR CREMATORY Moreland Park | 24D. LOCATION (City, town, or county) Balto Md (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949 VS 466 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Leonard J. Luck | ADDRESS 5305 Harford

1172

G72628 Harford & Hugo

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. G72628

1. NAME OF DECEASED (Type or Print): Joseph Henry Lenhoff

2. DATE OF DEATH: Mar. 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4417 Frankford Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4417 Frankford Avenue

26 or

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	June 18, 1874	74	9 / 2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY (Give kind of business if retired):

11. BIRTHPLACE (State or foreign country): Baltimore Co, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lenhoff

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs. Amelia Lenhoff, ADDRESS: 4417 Frankford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bronchial Pneumonia	2 d.
DUE TO	Uremia	2 d.
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Arteriosclerosis & Hypertension	5 mo
DUE TO (C)	Chronic Interstitial Nephritis	5 mo
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 1, 1949 *to* Mch 20, 1949, *that I last saw the deceased alive on* Mch 20, 1949 *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: J Fa Stevens, M. D.

23B. ADDRESS: 2818 Harford Rd

23C. DATE SIGNED: 3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-24-49

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VS 150

1210

G72629

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

340 1

G72629

Registered No.

1. NAME OF DECEASED (Type or Print) Mr Brady Lamar Ingle

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Union Memorial Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3646 BEECH Ave. Balt. 11

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White		12/7/98	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood-Worker

10B. KIND OF BUSINESS OR INDUSTRY Wood-Worker

11. BIRTHPLACE (State or foreign country) South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ingle

14. MOTHER'S MAIDEN NAME Lizzie ? Ingle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 248-01-2774

17. INFORMANT Mrs. Laura Ingle ADDRESS 3646 Beech Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Pneumococcic Meningitis

DUE TO

(C) Pericarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE John R. Smith Jr M. D.

23B. ADDRESS Union Memorial Hosp. Balto. 18, Md.

23C. DATE SIGNED 3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Mar 26 1949

24C. NAME OF CEMETERY OR CREMATORY W.

24D. LOCATION (City, town, or county) (State) Winnabow S. C.

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949

REGISTRAR'S SIGNATURE Huntington for Williams, Jr.

25. FUNERAL DIRECTOR Paul E. Lohenowitz Jr. ADDRESS 2615-17 E. Eutaw Place

902

G72630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. BC-48-22831 — Registered No. G72630

1. NAME OF DECEASED (Type or Print): SHIRLEY, HACK

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1526 Stricker Street

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 15, 1948
9. AGE (In years last birthday): If Under 1 Year: Months 5, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Benjamin Hacks
14. MOTHER'S MAIDEN NAME: Corine Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT ADDRESS: Corine Jackson, 1526 N. Stricker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Status thymicolymphaticus
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21F. HOW DID INJURY OCoccur?:

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: March 23, 1949
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
24D. LOCATION (City, town, or county) (State): Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR ADDRESS: George G. Kelson, 1303 Presstman Street

VS 151

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G72631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60

G72631

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ALICE KARPISE Karpacz, Alice

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH:
A. Baltimore City, Md. and Univ. Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #30
D. STREET ADDRESS (If rural, give location) 1618 Harman Ave #3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	(W)	Married	1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore City
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME James H. Grace
14. MOTHER'S MAIDEN NAME Elizabeth Dwyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT KARPISE ADDRESS Wessel Karpisz 1613 Harman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

(B) Arteriosclerotic cardio-vascular dis. — 5-10 yrs.

DUE TO

(C) Diabetes mellitus, hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hemiplegia, left, old

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION amputation, stitch due to arteriosclerotic gangrene
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17, 1949, *to* 3/20, 1949, *that I last saw the deceased alive on* 3/20, 1949, *and that death occurred at* 6:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Joseph Stan M. D.
23B. ADDRESS Univ. Hospital
23C. DATE SIGNED 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/24/49
24C. NAME OF CEMETERY OR CREMATORY Mt Olivet
24D. LOCATION (City, town, or county) (State) Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949
REGISTRAR'S SIGNATURE Emilie for Williams, r
25. FUNERAL DIRECTOR Edward Foulson ADDRESS 2507 Wash Blvd

VS 150

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2632 — BALTIMORE CITY HEALTH DEPARTMENT — 072632

CERTIFICATE OF DEATH

BIRTH NO. — 33 Registered No.

1. NAME OF DECEASED (Type or Print): Maggie Purnell

2. DATE OF DEATH: 3/17/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Car Barn Ba. Home 1317 Madison Ave

c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural, give location): 1224 N. Stricker St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col	Widow	2/10/1876	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: None

17. INFORMANT: David Barton — ADDRESS: 1224 N. Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Chronic Nephritis - Hypertension.

DUE TO

(C) Hemiplegia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8-1949 *to* 3-17-1949, *that I last saw the deceased alive on* 3-17-1949, *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: A. J. Erickson M. D. — 23B. ADDRESS: 600 Marlyn Ave — 23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 3/22/49 — 24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn — 24D. LOCATION (City, town, or county) (State): Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949 — REGISTRAR'S SIGNATURE: Winston Williams Jr. — 25. FUNERAL DIRECTOR: Charles A. Rice — ADDRESS: 661 W. Baltimore St

VS 150

131a

G72633

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 Registered No.

G72633

1. NAME OF DECEASED (Type or Print): CHARLES EDWARD PAUL HOLBEIN, Jr.

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2125 Bolton Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2125 Bolton St. 12-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	April 24, 188$	63 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Railway Express	Baltimore, Md.	

13. FATHER'S NAME: Charles E. Holbein, Sr.

14. MOTHER'S MAIDEN NAME: Elizabeth R. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Mary T. Holbein	2125 Bolton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO
(B)

DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 1 *, 19*49 *to* March 18 *, 19*49*; that I last saw the deceased alive on* March 18 *19*49*, and that death occurred at* 5 Pm*., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	632 Fawcett Ave.	March 21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Cathedral Gem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Arthur Williams, M	WM. J. TICKNER & SONS	Balto., Md.

VS 150

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G72634

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 0

G72634

Registered No.

1. NAME OF DECEASED (Type or Print): Jane Tinker

2. DATE OF DEATH: 3-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Wyman Park Apartments 13 07

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: 1-14-1888

9. AGE (In years last birthday) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.: 61 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland (Baltimore)

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matthew Tinker

14. MOTHER'S MAIDEN NAME: Mary A. Pott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war, or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs John O. Bubert ADDRESS: Wyman Pk. Apt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 3-18-49

19B. MAJOR FINDINGS OF OPERATION: Increased Intracranial pressure. Bloody C-S fluid

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18/ , 1949, to 3/20/ , 1949 *that I last saw the deceased alive on* March 20 , 1949, *and that death occurred at* 10:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Clarke N. Watts, Jr. M. D.

23B ADDRESS: Union Memorial Hospital

23C DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/23/49

24C NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

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83a

G72635

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G72635

1. NAME OF DECEASED (Type or Print): Elizabeth Pickett (Harris)

2. DATE OF DEATH: March 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1603 N. Bond St 8 06

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28 1907
9. AGE (In years last birthday): 41
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Harris
14. MOTHER'S MAIDEN NAME: Virginia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Robert Pickett ADDRESS: 1603 N. Bond St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
(A) Hypertension & C. V. Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE (ACCIDENT) PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Emil L. Beyer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 20 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 24 49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): B. C. County

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Huntington for Williams, M.D.
25. FUNERAL DIRECTOR: McDorff & Eckert
ADDRESS: 1129 N. Caroline St. 21

VS 151

G72636

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81

G72636

Registered No.

1. NAME OF DECEASED (Type or Print): MOSES HALLE

2. DATE OF DEATH: 3/20/1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland. Esplanade Apts.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location)

C. Length of stay in Baltimore: 89 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Esplanade Apts. 13-C/

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Widower.	2/1/1860	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clothing Merchant.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Halle

14. MOTHER'S MAIDEN NAME: Bertha Swope.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mr. Milton Weiller. ADDRESS: Esplanade Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Bladder — Interval between onset and death: 5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) Arteriosclerosis — Interval between onset and death: 2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: May 15 '45.

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1945 *to* Mar 20, 1949 *that I last saw the deceased alive on* Mar 20, 1949, *and that death occurred at* 2.20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Eugene B. Magee M. D.

23B. ADDRESS: The Esplanade

23C. DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/22/1949.

24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: David Gorsuch Son ADDRESS: 1902 Eutaw Place.

52B

G72637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72637

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William F. Hartung

2. DATE OF DEATH 3-20-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A.Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City

c. Length of stay in Baltimore: Yrs. Life Mos. Days

D. STREET ADDRESS (If rural, give location) 1008 N.Central Avenue 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	April 8,1877	71	11	12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Night Watchman	Union Trust Co.	Baltimore,Maryland	U.S.A.

13. FATHER'S NAME Henry Hartung

14. MOTHER'S MAIDEN NAME Katherine Helfrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 215-05-1858

17. INFORMANT William F.Hartung Jr. ADDRESS 1520Poplar Grove St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

fe.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteri-sclerotic C.V. Disease

DUE TO

(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy / Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Emil L. Geyer M.D.

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED 3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3-21-49

24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

24D. LOCATION (City, town, or county) (State) Taylor Avenue,Balto.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS George J.Ruth,Inc.1735 Harford Avenue

VS 151

9-3

G72638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G72638 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine B.McGovern

2. DATE OF DEATH: 3-19-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1520 N.Caroline Street

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1520 N.Caroline Street 9 c 9

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec.28th.1877
9. AGE (In years last birthday): 71
If under 1 Year: Months / Days
If under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Dressmakers
11. BIRTHPLACE (State or foreign country): Baltimore,Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: James McGovern
14. MOTHER'S MAIDEN NAME: Catherine Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Miss.Annie L.McGovern
ADDRESS: 1520 N.CarolineSt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

DUE TO

(B) Arterio Sclerosis, Hypertension & Myocarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month / Day / Year / Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5 1949 to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 5.30 p. m. from the causes and on the date stated above.

23A. SIGNATURE: John C. Scheerer, M. D.
23B. ADDRESS: 1537 S. Clarke St
23C. DATE SIGNED: 3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/22/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Avenue,Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: Winston for Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.
ADDRESS: 1735 Harford Avenue

VS 150

937

G72639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72639 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Williams LACY ALLEN (Col M)

2. DATE OF DEATH: March 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 916 Little Pine Street 17-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Single	Oct. 2 1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles City Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes.
16. SOCIAL SECURITY NO:
17. INFORMANT: Alma Clever ADDRESS: 904 Monroe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3-14-49

24A. BURIAL, CREMATION, REMOVAL: Buried
24B. DATE: 3/22/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town or county) (State): Cedar Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 Druid Hill Ave. 93

VS 151

G72640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G72640

Registered No.

1. NAME OF DECEASED (Type or Print): John F. Plack

2. DATE OF DEATH: 3/19/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 916 William St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City
D. STREET ADDRESS (If rural, give location): 916 William St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	7-1-1872	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Balto. Md.	

13. FATHER'S NAME: Louis Plack

14. MOTHER'S MAIDEN NAME: Caroline Frick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Annie C. Plack	916 Wm St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

DUE TO

(B) Hypertensive C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: undetermined

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec -, 1948 *to* March 19, 1949, *that I last saw the deceased alive on* Mch 18, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Eleanor M. D.	107 E. West St	3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-22-1949	Glen Haven	G. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 21 1949

REGISTRAR'S SIGNATURE: Wilmer Williams, M.D.

25. FUNERAL DIRECTOR: Flynn & Fleming — ADDRESS: 1426 Light St.

93D

VS 150

G72641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 31 Registered No. G72641

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Weistocker

2. DATE OF DEATH 3/19/49

3. PLACE OF DEATH: a. Baltimore City, Maryland Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2249 McElderry St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.

Length of stay in Baltimore: Yrs. Mos. Days

d. STREET ADDRESS (If rural, give location) 2249 McElderry St. 7-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	Aug. 27-1866	82	6	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cake Cader	Confectionary	Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Casper Kentner	Magdalena Dheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Christina Kentner	2249 McElderry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemmorhage	1 day
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	arteriosclerosis - generalized	?
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18 1949 *to* 3/19 1949 *that I last saw the deceased alive on* 3/19 1949 *and that death occurred at* 2:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis F. Kliner M. D.	262 S. Monument St	3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 22/49	Trinity Luth.	O'Donnell St.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Lester Williams, M.D.	John L. Miller	2334 Jefferson St.

VS 150

83a

G72642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-01

G72642

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) ANNA M. McGRAIL

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2535 Fairmount Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 20-07
D. STREET ADDRESS (If rural, give location) 2535 W FAIRMOUNT Ave.

5. SEX	6. COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Aug 12 1874	74	7 / 14	

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTO – Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN ECK

14. MOTHER'S MAIDEN NAME: ECK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: WILLIAM McGRAIL ADDRESS 2535 Fairmount

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3/15 to 3/20-49

DUE TO

(B) Hypertension

DUE TO

(C) Arterial Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/15, 1949 *to* 3/20, 1949 *that I last saw the deceased alive on* 3/19, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Chas Reehm M. D.

23B. ADDRESS 2145 W Balto St

23C. DATE SIGNED 3/21-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3-23-49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) Frederick Co

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1949

REGISTRAR'S SIGNATURE Hester Williams

25. FUNERAL DIRECTOR Thomas J Kenney Inc

ADDRESS

VS 150

94a

G72643

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72643

1. NAME OF DECEASED (Type or Print): Mary Jane MEZZADRA

2. DATE OF DEATH: 18 Mar 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 277 Spring Court 3-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W		19 August 37	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT		Balto	

13. FATHER'S NAME: DAVID MEZZADRA

14. MOTHER'S MAIDEN NAME: JENNIE DRUSANO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
NO		FATHER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HYDROCEPHALUS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

DUE TO

(B) STRICTURE AQUEDUCT SYLVIUS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR (?)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 MAR 49 + 16 MAR 49	STRICTURE AQUEDUCT SYLVIUS	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 MAR, 1949, to 18 MAR, 1949 *that I last saw the deceased alive on* 18 MAR, 1949, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John A Fosnie M. D.	Mercy Hosp.	18 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Holy Redeemer	Belair Rd & Moravia Ave Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	Wington Williams, M.D.	Frank Della Vale	322 High St

VS 150

157a

G72644

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no. 1 G72644

Registered No.

1. NAME OF DECEASED (Type or Print) NICHOLAS SCHIAVETTI

2. DATE OF DEATH March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland J.H.Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital
c. Length of stay in Baltimore 53 Yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4218 Sheldon Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Widowed	Aug. 21 1876	72	6	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Retired		Frosinone Italy	U.S.A.

13. FATHER'S NAME Giovanni Schiavetti

14. MOTHER'S MAIDEN NAME Johanna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-7778

17. INFORMANT Joseph M. Schiavetti (Son) ADDRESS 4218 Sheldon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Artery Disease	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 24	1949 Holy Redeemer	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 21 1949	[signature] Washington Williams, M.D.	Frank Della Rose	322 S. High St.

VS 151

94a

G72645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72645
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): [illegible]SIE MARIE ROBINSON

2. DATE OF DEATH: March 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2200 Sidney Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2200 Sidney Ave. 25-33

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	June 28, 1901	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Packer	Cabdies Martha Washington	Baltimore, Md.	

13. FATHER'S NAME: Edgar Hynes

14. MOTHER'S MAIDEN NAME: (Unknown) Mentzel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		216-24-2447	John W. Robinson	835 Woodward St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 1 month
DUE TO
(B) Massive Pleural Effusion — 2
DUE TO
(C) Metastatic carcinoma (pancreas)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 1948	carcinoma Head of Pancreas	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEB 25 1949 *to* March 19, 1949 *that I last saw the deceased alive on* March 18, 1949, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nathan Raesari, M. D.	206 S. Gilmor St.	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	Wm. Cook Inc.	1217 St. Paul St.

VS 150

469

72646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.0 X G72646

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): James John Marciniak

2. DATE OF DEATH: Mar. 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): Box 325 Route 16

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1886
9. AGE (In years last birthday): 62
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10B. KIND OF BUSINESS OR INDUSTRY: C. C. & Seal
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louise Marciniak ADDRESS: Middleburg Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO
(B) Arterio-sclerotic Heart Disease
DUE TO
(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 14, 1949 *to* Mar. 20, 1949 *that I last saw the deceased alive on* Mar. 20, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. Parsons, Jr. M.D.
23B. ADDRESS: 1100 N. Caroline St.
23C. DATE SIGNED: Mar. 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/23-1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Fred W. Ozazewski ADDRESS: 937 O 1430 Eastern Ave

VS 150

772647

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33

G772647

Registered No.

1. NAME OF DECEASED (Type or Print): Esther Aaronson

2. DATE OF DEATH: 3-21-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home

c. Length of stay in Baltimore: 55 Yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2475 Shirley Ave 15-17

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1873
9. AGE (In years last birthday): 75 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benjamin Perlman
14. MOTHER'S MAIDEN NAME: Ida ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert Aaronson ADDRESS: 2475 Shirley Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO
(B) Cerebral arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CAUSE OF DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1949 *to* March 21, 1949, *that I last saw the deceased alive on* 3-21, 1949, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 22, 1949
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

Vs 150

838

G72648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72648

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LAURA P. PERKINS

2. DATE OF DEATH: March 19, 49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1325 EUTAW PLACE

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1325 EUTAW PLACE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 4/10/95
9. AGE (In years last birthday): 53 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Perkins
14. MOTHER'S MAIDEN NAME: Mary McCoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: None
17. INFORMANT: Miss Marie Perkins — ADDRESS: 1325 Eutaw Pl

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — 1 hr

DUE TO

(B) Hyper Tension — Cardio-vascular disease — 20 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1940 *to* 3/19, 1949, *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard Jones M. D.
23B. ADDRESS: 715 N. Charles St
23C. DATE SIGNED: 3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3/22/49
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Printing for Williams, M.D.
25. FUNERAL DIRECTOR: F.B. WIPPERT & SON — ADDRESS: 1300 EUTAW PL. 17

VS 150

937

72649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72649

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William A Arnold

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 814 Berry St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 814 Berry St. 13-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Married	Sept 1, 1894	54 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moses Arnold	Lola K. McCullough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	—	Rebecca L. Arnold.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Rheumatoid Arthritis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
William A Kelsch M.D.		3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 23/49	St. Mary's Harwoods	Roland Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 22 1949	Emma Lee Williams, M.D.	Eustace E. Donovan 3638 Roland Ave.

VS 151

93c

772650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

583 Registered No. G72650

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs Cora BARR

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home + Hospital.

c. Length of stay in Baltimore 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk.
D. STREET ADDRESS (If rural, give location) 2944 Cornwall Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED,) DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Fem	White		July 23, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	none	New York.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. James Preston	Miss Ada/Aida Loper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
NO		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hepatitis, cause unknown DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/18/49		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-5, 1949, *to* 3-20, 1949, *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Roy Morton M. D.	Church Home & Hosp.	3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	3/22/49	Green Mount	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	Wilson Corp Inc	1219 Eutaw St

VS 150

937

G72651

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no. 1 G72651 Registered No.

1. NAME OF DECEASED (Type or Print): O. Webster Shinnick

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1515 N. Broadway

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1515 N. Broadway 8 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	White	married	Jan. 23, 1875	74	1	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
District Manager	News-Post	Baltimore, Maryland	

13. FATHER'S NAME: Jacob A. H. Shinnick

14. MOTHER'S MAIDEN NAME: Martha J. Eskridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		218-10-6737	Mrs. Mabel B. Shinnick	1515 N. Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, anemia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — DUE TO

ANTECEDENT CAUSES

(B) Coronary Heart Disease — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) — DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 hours

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, HOMICIDE, SUICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1949 *to* March 20, 1949, *that I last saw the deceased alive on* March 20, 1949 *and that death occurred at* 11:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Wallenstein, M. D.

23B. ADDRESS: 848 W 36 Balt

23C. DATE SIGNED: 3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/23/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 3-22-49

REGISTRAR'S SIGNATURE: Lindsay or Williams, M.D.

25. FUNERAL DIRECTOR: Wm. Cook, Inc.; ADDRESS: 1217 St. Paul Street

VS 150

94a

G726652

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 ✓ Registered No. 369 ✓

G726652

1. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON McCREE

2. DATE OF DEATH 3-21-49

3. PLACE OF DEATH
A. Baltimore City, Maryland (1)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1120 McKean ave
c. Length of stay in Baltimore 25 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1120 McKean ave 16 7 4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	colored	married	Sept 15 1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life)	10B. KIND OF BUSINESS OR INDUSTRY (Give kind of business if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Preacher		East Arcadia N.C.	U.S.A.

13. FATHER'S NAME Ramon W. Cree
14. MOTHER'S MAIDEN NAME Lucenia Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs Elizabeth Hall	406 Taylor ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chr. Nephritis — DUE TO

ANTECEDENT CAUSES
(B) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Long known

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-24-, 1949, *to* 3-21-, 1949 *that I last saw the deceased alive on* 3-20-, 1949, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Isaac A. Saunders M.D.	1029 N. Stricker St.	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	3/25/49	Mt Auburn	Balto City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams M.D.	Williams & Jackson	916 Penna Ave

VS 150

1218

772653

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 772653

1. NAME OF DECEASED (Type or Print): JOHN RICHARD THOMPSON — 53

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4205 Frankford Ave. 2607

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	12/24/89	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireboat	Seafaring	Md.	USA

13. FATHER'S NAME: O.A. Thompson

14. MOTHER'S MAIDEN NAME: Mary Cockmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: ?

17. INFORMANT — ADDRESS: Records- US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis, generalized, abdominal — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adenocarcinoma of cecum with metastasis, abdominal

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

over

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 7, 1949, *to* Mar. 20, 1949 *that I last saw the deceased alive on* Mar. 20, 1949 *and that death occurred at* 9:41P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jno. L. Wilson Jr. — 23B. ADDRESS: US Marine Hospital, Balto, Md. — 23C. DATE SIGNED: 3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 3/24/49 — 24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — 24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Wm. J. Dickey & Son — ADDRESS: Balto. Md. 17

VS 150

46E

G726654

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G726654

1. NAME OF DECEASED (Type or Print): EMMA L. HERITAGE

2. DATE OF DEATH: 3/21/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME & HOSP

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): BROADWAY & FAYETTE 605

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: OCT 16, 1863
9. AGE (In years last birthday): 85 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY HERITAGE
14. MOTHER'S MAIDEN NAME: LOUISE SHUMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL VASCULAR ACCIDENT
DUE TO HYPERTENSIVE CVD
(B) GEN'L ARTERIOSCLEROSIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: CARCINOMA OF CECUM

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21, 1949 *to* 3/21, 1949 *that I last saw the deceased alive on* 3/21, 1949, *and that death occurred at* 8:00 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel W. Winters M. D.
23B. ADDRESS: Church Home
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-23-49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Cem.
24D. LOCATION (City, town, or county) (State): Balto., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm J. Dickey & Son
ADDRESS: Balto. Md.

VS 150

46E

G726555 CERTIFICATE CORRECTED 9/24/49 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G726555

BIRTH NO. FATHER

1. NAME OF DECEASED (Type or Print): ~~ARTHUR~~ O. DONEHOO

2. DATE OF DEATH: Mar. 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1212 Linden Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1212 Linden Ave. 11-24

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
male	white	married	Oct. 7, 1876	72 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during part of work life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Atlanta, Ga.	

13. FATHER'S NAME: A. E. Donehoo

14. MOTHER'S MAIDEN NAME: Virginia Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			Mrs. Estelle Donehoo	1212 Linden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C.V.D. — INTERVAL BETWEEN ONSET AND DEATH: about 5 yrs
DUE TO
(B) —
DUE TO
(C) —

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 1940 *to* 3-20 1949 *that I last saw the deceased alive on* 3-20 1949 *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jr Hagbaetem M. D.	888 W. Lombard St	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/23/49	Parkwood Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

Vs. 150

92 D

72656

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

G726:56

1. NAME OF DECEASED (Type or Print) Grace B Mortimer

2. DATE OF DEATH March 19 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3706 Fortonia Rd

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 3027 Harlem Ave. 16 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	June 15, 1872	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Michaels Md.

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Burns

14. MOTHER'S MAIDEN NAME Lydia Mansfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Gladys M Sebastian ADDRESS 3027 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

DUE TO arteriosclerosis · hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerotic type heart disease with — several years

DUE TO cardiac hypertrophy and congestive failure

(C) Chronic parenchymatous nephritis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Thrombosis of left femoral artery with gangrene of left leg below knee — 2 weeks

19A. DATE OF OPERATION (None)

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7th, 1949 *to* March 19, 1949 *that I last saw the deceased alive on* March 17, 1949, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Wm Michel M. D.

23B. ADDRESS 2901 Edmondson Ave

23C. DATE SIGNED March 21 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE March 23 49

24C. NAME OF CEMETERY OR CREMATORY Olivet Cem

24D. LOCATION (City, town, or county) (State) St. Michaels Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1949

REGISTRAR'S SIGNATURE Livingston Williams M.D.

25. FUNERAL DIRECTOR Harry A. Leitzke ADDRESS 4101 Edmondson Ave

VS 150

131a

G726657
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 Registered No. G726657

1. NAME OF DECEASED (Type or Print): Bradford N Kiler

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sykesville
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	SINGLE	FEB. 9, 1868	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building engineer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DANIEL K. KILER
14. MOTHER'S MAIDEN NAME: ELIZA FRANKLIN MD.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Herbert Kiler ADDRESS: Westminster

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism
DUE TO
(B) Primary pulmonary Carcinoma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949 to 3-22, 1949, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE: John L. Evans M.D.
23B. ADDRESS: Sykesville Md
23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAR. 25-1949
24C. NAME OF CEMETERY OR CREMATORY: SAM'S CREEK
24D. LOCATION (City, town, or county) (State): NEW WINDSOR MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: J. F. Reese ADDRESS: Westminster MD.

VS 150

479

G726:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No. G726:58

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Wagenheim

2. DATE OF DEATH March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University
c. Length of stay in Baltimore: Yrs. 20 Mos. 03 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 431 South Pulaski St

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) 66 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David
14. MOTHER'S MAIDEN NAME Mollie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease c hypertension — DUE TO — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES
(B) — DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1949 *to* 3-22, 1949 *that I last saw the deceased alive on* 3-22, 1949 *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE John L. Deaver M. D. | 23B. ADDRESS University Hosp | 23C. DATE SIGNED 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 3-22-49 | 24C. NAME OF CEMETERY OR CREMATORY United Hebrew | 24D. LOCATION (City, town, or county) (State) Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2100 Eutaw Pl

VS 150

93D

72659

BALTIMORE CITY HEALTH DEPARTMENT 451 G72659

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Prince D. Hamphon

2. DATE OF DEATH: 3-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp

c. Length of stay in Baltimore: 35 Yrs. [illegible] Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1703 E. Lanvale 806

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	[illegible]	11-1-97	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
City Park Dept.	Grain Keeper	Greece	3

13. FATHER'S NAME: James Hamphon

14. MOTHER'S MAIDEN NAME: Pauline Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edith Hamphon ADDRESS: 1703 E Lanvale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dissecting Aneurysm of Thoracic Abdominal Aorta — INTERVAL BETWEEN ONSET AND DEATH: 22 hrs.

DUE TO

(B) Arteriosclerosis Thoracic

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3-20-49	None	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 12th 3-20 1949 *to* 11:55 Am 3-20, 1949, *that I last saw the deceased alive on* 3-20, 1949, *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr. Otis L. Montgomery M. D.	Mercy Hospital	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3/24/49	Greek Orthodox Cem't	

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Clement F. Hoffman ADDRESS: 1639 Broadway

VS 150

96

G72660 — BALTIMORE CITY HEALTH DEPARTMENT — 443 — G72660

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES L. PULS SR.

2. DATE OF DEATH: MARCH 19-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1406 BATTERY AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1406 BATTERY AVE 4-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
MALE	WHITE	WIDOWED	Oct 3-1853	95	5 / 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED TAYLOR.	—	GERMANY	—

13. FATHER'S NAME: NOT KNOWN.

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	—	MRS CATHERINE WHEATLEY	1406 BATTERY AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia	1 wk.
DUE TO (B)	Hypertension & Cardiovascular Disease	unknown
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION: — 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec ____, 19 49, *to* Mar. 19, 1949, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D. — 23B. ADDRESS: 107 E. West St. — 23C. DATE SIGNED: 3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-22-49	HOLY CROSS CEM	A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949 — REGISTRAR'S SIGNATURE: [signature] Livingston Williams, M.D. — 25. FUNERAL DIRECTOR: Bernard C Hurle — ADDRESS: 121 E West St

VS 150

931

G72661

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1

G72661 Registered No.

1. NAME OF DECEASED (Type or Print)	JOSEPH H. Leahy D.M.	2. DATE OF DEATH	March 21, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Maryland General Hospital	B. COUNTY	
C. Length of stay in Baltimore	15 Yrs. Mos. Days	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
		D. STREET ADDRESS (If rural, give location)	103 W. Monument Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Apr. 29, 1909	39	10	22		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Drafting Instructor	N. Y. Tech. Inst.	Westminster, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James G. Leahy	Minnie V. Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mary McN. Leahy	103 W. Monument St

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH**

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary artery disease	
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES	NO
			X

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Paul L. Royer M.D.		3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/24	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	Henry H. Peabody & Son	805 N. Eutaw St.

VS 151

94a

G726662

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G726662

1. NAME OF DECEASED (Type or Print) MICHAEL J. MURPHY.

2. DATE OF DEATH 20 MARCH 49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GENERAL HOSPITAL.

C. Length of stay in Baltimore: 78 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 2103 ERDMAN AVE. 9-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 April 1870
9. AGE (In years last birthday): 78 — If Under 1 Year: Months 11, Days 14 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK, COURT.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: JAMES MURPHY
14. MOTHER'S MAIDEN NAME: CATHERINE HEFFERAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) OKLAHOMA.
16. SOCIAL SECURITY NO: UNKNOWN.
17. INFORMANT: SELF — ADDRESS: SAME.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) PULMONARY EMBOLUS. — INTERVAL BETWEEN ONSET AND DEATH: 15 MIN.
DUE TO
(B) URETHRAL HEMORRHAGE — 7 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) VARICES, PROSTATIC — UNKNOWN.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:

19A. DATE OF OPERATION: 18 MARCH 49.
19B. MAJOR FINDINGS OF OPERATION: PROSTATIC VARICES WITH HEMORRHAGE
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 15 MARCH 1949, *to* 20 MARCH 1949, *that I last saw the deceased alive on* 20 MARCH 1949, *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Allan E. Abercrombie, M.D.
23B. ADDRESS: South Balto Gen Hosp
23C. DATE SIGNED: 20 MARCH 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/23/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Henry A. Myers and Thomas J. Calvert Jr.
ADDRESS

VS 150

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G72663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

971.5

G72663 Registered No.

BIRTH NO.

N-965-B

1. NAME OF DECEASED (Type or Print): JOHN L. WISSLER, III

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: 5 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1425 W. 41st Street

12-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	June 16, 1912	36		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Wissler, Jr.	Nan R. Koontz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Nan R. Wissler (mother) Woodstock, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)	(A) Bichloride Mercury Poisoning	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	1425 W. 41st Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
March 15, 1949 ?Am,		In[illegible]stion of bichloride of mercury tablets

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
H. J. McCafferty M.D.	[ ] [ ] [ ]	3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 23/49	Woodstock Va.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	John O. Mitchell Sons	1901 Eutaw

VS 151

1639

G72664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72664

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Wm. Seigmyer

2. DATE OF DEATH: Mar. 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Hosp. - Col 6

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md B. COUNTY Allegheny

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Frostburg, R.F.D. #2

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Married	4-5-89	59				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Seigmyer	Hannah Eisentrout

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Lung

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17-, 1949 *to* 3-21-, 1949 *that I last saw the deceased alive on* 3-21-, 1949, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John Hellen Harvey M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-25-49	Allegheny Cemt.	Frostburg Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 22 1949	Cunningham Nicholls, M.D.	John O Mitchell & Son 1900 Eutaw Pl.

VS 150

47D

G72665

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 3 2

Registered No. G72665

1. NAME OF DECEASED (Type or Print): Lloyd G. Corkran

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 4303 Rugby Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4303 Rugby Road

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 19, 1883
9. AGE (In years last birthday) (If under 1 year: Months, Days; if under 24 hours: Hours, Min.): 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President, retired
10B. KIND OF BUSINESS OR INDUSTRY: Corkran Hill Co. Meat Packers
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Benjamin B. Corkran
14. MOTHER'S MAIDEN NAME: Anna M. Lloyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Marion Jones Corkran — ADDRESS: 4303 Rugby Road Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO Cerebral Arterio-sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1948 *to* March 20, 1949, *that I last saw the deceased alive on* March 19, 1949, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter E. Barker M.D.
23B. ADDRESS: 1101 St. Paul St., Balto. 2, Md.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 3-22-49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
Baltimore Mitchell

VS 15d

Dr. Barker

83 B

G72666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

491 Registered No. G72666

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph J. Delclos

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 705 Bartlett ave. 08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white		Sept. 8, 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed		Spain	

13. FATHER'S NAME: John Delclos

14. MOTHER'S MAIDEN NAME: Isabelle Fonesta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute dilatation of stomach

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/15/49		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/11/49, 1949, *to* 3/21, 1949, *that I last saw the deceased alive on* 3/21, 1949, *and that death occurred at* 9:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. Silvestri M. D.	Mercy Hosp	3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-25-49	Holy Redeemer	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	Wiedefeld & Son	Green Mount & 22nd

VS 150

107

G72667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150 G72667 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John J. Daly

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jenkins Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3812 Old Frederick Road 20 07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1862
9. AGE (In years last birthday): 87 ? (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.
10B. KIND OF BUSINESS OR INDUSTRY: Office Bldg.
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daly
14. MOTHER'S MAIDEN NAME: Bridget Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT: Msgr. John J. Daly ADDRESS: 3812 Old Fred. Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia
DUE TO
(B) Congestive Heart failure
DUE TO
(C) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to 3/20, 1949, that I last saw the deceased alive on 3/20, 1949, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Fred J. Lenihan M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 3-20-49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Thos. Williams, M.D.
25. FUNERAL DIRECTOR: Wiedefeld & Son
ADDRESS: Green Mount & 22nd 937

VS 150

22554
G72668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60 ✓ G72668
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Milton J. Jackson
2. DATE OF DEATH: MAR 21 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 10 years ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3531 Old York Road. 9 a 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Child	10-15-38	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Mattingly Jackson
14. MOTHER'S MAIDEN NAME: Viola Bromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardiovascular Disease
DUE TO
(B) Renal Pyonephrosis
DUE TO
(C) Renal lithiasis, bilateral

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-18-49	Renal lithiasis	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-9- *1949 to* 3-21- *1949 that I last saw the deceased alive on* 3-21- *1949, and that death occurred at* 4:16 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert E. Kelley M. D.	JOHNS HOPKINS HOSPITAL	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3-24-49	Holy Redeemer	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 22 1949	Huntington Williams M.D.	Wiedefeld & Son 134 Greenmount Ave & 22nd

VS 150

G72669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72669

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Matthew SIMANSKAS

2. DATE OF DEATH March 22 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1425 W Lombard St.

c. Length of stay in Baltimore: 40 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1425 W Lombard St 9-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	Apl ? 1871	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Lith.

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ? Simanskas

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Emma Bobelis — ADDRESS: 1425 W Lombard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial arteriosclerosis — Interval between onset and death: 2 yrs.
DUE TO
(B) Generalized arteriosclerosis — 2 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1947, *to* March 22, 1949, *that I last saw the deceased alive on* 3-21-, 1949, *and that death occurred at* 330 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Mario B. Schreiber M. D. — 23B. ADDRESS: 54 S. Fulton Ave — 23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) — 24B. DATE: Mar. 24-49 — 24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem — 24D. LOCATION (City, town, or county) (State): Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949 — REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Joseph Waskas Sons Inc. — ADDRESS: 602 Washington Blvd 931

VS 150

G72670
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G72670 Registered No.

1. NAME OF DECEASED (Type or Print): Flannie E. Sewell.

2. DATE OF DEATH: 3-19-1949

3. PLACE OF DEATH:
A. Baltimore City, Md. 1519 W. Lexington St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1519 W. Lexington St.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 4-7-1895
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Taylor
14. MOTHER'S MAIDEN NAME: Sarah Green.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO
17. INFORMANT: Vincent Sewell ADDRESS: 1519 W Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Hypertensive Cardio Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Marked Obesity

INTERVAL BETWEEN ONSET AND DEATH: 5 months

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I Hereby certify that I attended the deceased from* 1/14/1949 *to* 3/19/1949, *that I last saw the deceased alive on* 3/19/1949 *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. W. Kelly M.D.
23B. ADDRESS: 4 E. N. Avenue
23C. DATE SIGNED: 3/21/1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-23-49
24C. NAME OF CEMETERY OR CREMATORY: W. F. Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sears & Darby
ADDRESS: 1006 Park Ave

937

G72671

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 16 D

G72671

Registered No.

1. NAME OF DECEASED (Type or Print) Charles Lavender — N-945.2

2. DATE OF DEATH 3/20/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore Gen'l. Hosp.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2608 Huron Street — 25-33

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	August 12th-69	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Virginia	

13. FATHER'S NAME George Lavender

14. MOTHER'S MAIDEN NAME Jane ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.			Pearl Lavender	2608 Huron St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ind+ 3rd° burns of left lower extremity — INTERVAL BETWEEN ONSET AND DEATH 19 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
A. B. Merrill M.D.
For: C. J. Lubinski, M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	home	2608 Huron Street 25/33

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 12, 1949 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Clothes ignited from stove (house not on fire)

22. *I hereby certify that I attended the deceased from* 3/1, 1949 *to* 3/20, 1949, *that I last saw the deceased alive on* 3/20, 1949, *and that death occurred at* 11 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. Eugene Baden Jr. M. D.	1213 Light St. (30)	3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/24/49	Mt. Auburn	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Huntington Williams, M.D.	Mrs Katie R Williams	Edmondson

VS 150

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G72672

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153 Registered No. G72672

1. NAME OF DECEASED (Type or Print): James Edward Johnson

2. DATE OF DEATH: 3-20-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1239 Division

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1239 Division St

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1239 Division 17 or

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 9-25-1887
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janetor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Catonsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Johnson.
14. MOTHER'S MAIDEN NAME: Louisa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hattie Johnson ADDRESS: 1239 Division St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Colon
DUE TO
(B) metastasis to viscera.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/14, 1949 *to* 3/20, 1949 *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 7a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 600 Washington
23C. DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-23-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3224 Schroeder

VS-150

46 E

G72673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72673 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Queen Esther Gross.

2. DATE OF DEATH: 3-20-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 509 W. Gilmor St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 509 W. Gilmor St. 19-01

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-12-1912
9. AGE (In years last birthday): 36
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Louis Gross
14. MOTHER'S MAIDEN NAME: Hattie Greene

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO:
17. INFORMANT: Hattie Herbert. ADDRESS: 512 N Stricker

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months
DUE TO
(B)
DUE TO
(C) Fibroid of Uterus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/14/49 *to* 3/20/49, *that I last saw the deceased alive on* 3/20 *and that death occurred at* 4:05 *m., from the causes and on the date stated above.*

23A. SIGNATURE: M. D.
23B. ADDRESS: 510 N. Gilmor St
23C. DATE SIGNED: 3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md
DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Clayton Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Patrick Williams
ADDRESS: 322 N. Johnson St

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13B

G726674

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 2 2 1

G726674

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Mary McKeever

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home 2175 Rockrose Avenue

c. Length of stay in Baltimore: 40 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1103 W. 37th Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 17, 1872
9. AGE (In years last birthday): 76 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Camelia ------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: William L. Watts ADDRESS: 1503 Cox Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C. V. Dis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 20, 1949 *to* Mar. 21, 1949 *that I last saw the deceased alive on* Mar 20 1949, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Hammon M. D.
23B ADDRESS: 4037 Falls Rd
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 24, 1949
24C. NAME OF CEMETERY OR CREMATORY: Silverbrook
24D LOCATION (City, town, or county) (State): Wilmington, Del.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road

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G726675

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33

Registered No. G726675

1. NAME OF DECEASED (Type or Print): Evelyn Price

2. DATE OF DEATH: 3-18-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 732 Alax Alley 10 ctr

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Negress	Separated	[redacted]	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) Cerebral Circulatory accident (Intra-ventricular hemorrhage; most marked in right)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3-17-, 1949 *to* 3-18-, 1949, *that I last saw the deceased alive on* 3-17-, 1949, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. D. Thomas, Jr., M.D.	Mercy Hospital	3-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/22/49	Mt Calvary Cem	A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	Lexington Williams, M.D.	Rayner Sanders	1412 E Preston St

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G726676

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G726676

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN H. KELLY

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 726 McHenry Street 7-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	married	Sept. 19, 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Richmond, Va.	

13. FATHER'S NAME: Wm. E. Kelly

14. MOTHER'S MAIDEN NAME: Pocohantas Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Henry W. Woody, Funeral Home ADDRESS 700 N. 25th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* insp. & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3/22/49	Oakwood Cem.	Richmond, Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949

REGISTRAR'S SIGNATURE: Lavington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TIKNER & SONS ADDRESS: Balto., Md.

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G72677 ES-119686 G72677

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60 Registered No.

1. NAME OF DECEASED (Type or Print): Emma Volker
2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
c. Length of stay in Baltimore: 77
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): No Home

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Widpw	June 12, 1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John or Joseph Steinhucken
14. MOTHER'S MAIDEN NAME: PAULINE MONSTEIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: RECORDS*BALTO.CTY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acidosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Diabetes Mellitus — DUE TO — 2 days
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13 19 48 *to* 3-21- 19 49, *that I last saw the deceased alive on* 3-21 19 49, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. A. Klopen M. D.
23B. ADDRESS: 4940 EASTERN AVENUE
23C. DATE SIGNED: 3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 24
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS

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G726 CERTIFICATE CORRECTED 3/24/49 ✓ EF16 4 G72678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) RICHARD W. ~~SINNETT~~ JENNETT N-803.✓ 2. DATE OF DEATH March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 317 South Robinson Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white		Dec 31-1928	20				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Welder Helper

10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal Co

11. BIRTHPLACE (State or foreign country) Balto

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Willard W. Sennett

14. MOTHER'S MAIDEN NAME Mary McCormick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT Mrs Mary Wathey ADDRESS 317 S Robinson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of Skull

DUE TO

(B) Intra cranial hemorrhage

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

I II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eastern Avenue at Lowrey Street Balto. City

21D. TIME OF INJURY (Day) 20 (Year) 49 (Hour) 6.15 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? auto accident (3 way collision)

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and that in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE M.D. H. L. Bloom

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE March 22

24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem

24D. LOCATION (City, town, or county) (State) City

DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS

VS 151

170 C

G72679

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G72679 — Registered No. [illegible] — March 2 1949

1. NAME OF DECEASED (Type or Print): Thomas Graham — 2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balt Co

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1500 N Broadway

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 2415 Llewellyn Ave Balto — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 2415 Llewellyn Ave — 5 yrs 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Nov 17	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist		Balto Md	USA

13. FATHER'S NAME: Thos Graham
14. MOTHER'S MAIDEN NAME: Don't Know
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Dora Graham — ADDRESS: 2415 Llewellyn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I (A) Angina Pectoris, Major — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 mi

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO
(C) Myocardial Insufficiency — 1 mi

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cerebral Arteriosclerosis

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month, Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16 1940 *to* 3/21 1949 *that I last saw the deceased alive on* 3/21/49 1949 *and that death occurred at* 7:37 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Cerebral Miller M. D. — 23B. ADDRESS — 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: Mar 24 — 24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem — 24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS

VS 150

94B

G72680

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72680

Registered No.

1. NAME OF DECEASED (Type or Print): BERNARD P. SCHEPER

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 739 Ramsay Street

C. Length of stay in Baltimore: 56 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 739 Ramsay Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Single	Dec. 21, 1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life)	10B. KIND OF BUSINESS OR INDUSTRY (Give kind of business even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk	A. Hoen & Company	Baltimore, Maryland	USA

13. FATHER'S NAME: Anton Schepper

14. MOTHER'S MAIDEN NAME: Minnie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes W. I	212-14-8498	Mrs. Augusta Skinner	739 Ramsay St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — DUE TO

(B) — DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE (VIOLENCE) PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Baltimore Nath'l Cem.	5501 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR: MAR 22 1949

REGISTRAR'S SIGNATURE: [signature] Williams, M.D.

25. FUNERAL DIRECTOR: John J. Cowan & Son — ADDRESS: Pollina St.

VS 151

93D.

72681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 974.0

Registered No. 672681

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Evelyn A. Wright N-991.

2. DATE OF DEATH: 21 Mar. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 853 W. University Parkway

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Rel 3-25-14
D. STREET ADDRESS (If rural, give location): 853 W. University Pky.

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Married	Feby 14, 1916	33		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House duties		Chicago, Ill.	

13. FATHER'S NAME: Paul Engelhardt

14. MOTHER'S MAIDEN NAME: Emma Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		James F. Wright	853 W. University Parkway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Strangulation - by hanging — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Despondency — 6 wks

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Home	853 W. University Parkway

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Mar. 21, 1949 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Hanging by belt

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy / Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D.		21 Mar. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 22/49	Fairbury, Ill.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 22 1949	[illegible] Williams, M.D.	John O. Mitchell & Sons	19a Eutaw Pl.

VS 15Y

164a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 572682

572682
BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Thomas Lindsay Lindsay Sr

2. DATE OF DEATH: March 21 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: 30 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 15 S. Conkling St. 26-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widower	Dec 25, 1900	48	2	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Work	Fisher Auto	Hancock Md	U.S.

13. FATHER'S NAME: Phillip Lindsay
14. MOTHER'S MAIDEN NAME: Anna Lester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		216-01-2144	Edward A. Lindsay	1293 W. Mulberry

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about house, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: W. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 24 1949
24C. NAME OF CEMETERY OR CREMATORY: Rockville Union
24D. LOCATION (City, town, or county) (State): Rockville Montgomery Md
25. FUNERAL DIRECTOR: A. Howard Ellinsworth
ADDRESS: 1400 Abbott St.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

VS 151

94.a

G72683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G72683

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HELEN NANA SWAIN

2. DATE OF DEATH: 3/21/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Hospital for the Women of Maryland
c. Length of stay in Baltimore: Yrs. 22 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 35 E. 25th St. 1-26

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White.	MARRIED.	April 28, 1923	25				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sec. to the Chief Elec. Plant Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Consolidated Coal Co. Balt. Md.

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Bernard

14. MOTHER'S MAIDEN NAME: Adelaide Guerre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: —

17. INFORMANT: Helen Nana Swain ADDRESS: 35 E. 25th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CARCINOMA - Stomach ??

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) —
(B) 3-4 yrs ??
(C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/27/49	Carcinoma, ovaries, stomach, metastatic	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/20, 1949, *to* 3/21, 1949, *that I last saw the deceased alive on* 3/21, 1949, *and that death occurred at* 10:46 *p.* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mark E. Hall, M. D.	Hosp. for the Women of Md.	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/24/49	Moreland Mem. Pk	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

462

G72684

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443

Registered No. G72684

1. NAME OF DECEASED (Type or Print): Bessie Frances Long

2. DATE OF DEATH: March 22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15
D. STREET ADDRESS (If rural, give location): 5302 Maple Ave. 27 17

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Jan. 15, 1887	62 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Franklin, Pa.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Burton L. Rice	Florence Manges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		no	Mrs. R. W. Burgert	650 Dumbarton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hypertensive Cardio-vascular Disease	
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Obesity	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1949, *to* March 22, 1949, *that I last saw the deceased alive on* March 21, 1949, *and that death occurred at* 4 45 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Phillip G. Pollard M.D.
23B. ADDRESS: 1400 N. Carrollton Ave.
23C. DATE SIGNED: March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

93D

72685

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 d G72685 Registered No.

1. NAME OF DECEASED (Type or Print)	JENNIE HELEN DUCKSTIEN
2. DATE OF DEATH	Mar. 21, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Plaza Apts. Park Ave. & Wilson St.
c. Length of stay in Baltimore	30 yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	Park Ave. & Wilson St. 14-01
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	single
8. DATE OF BIRTH	Sept. 20, 1866
9. AGE (In years last birthday)	82 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)	retired
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Phila., Pa.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Wm. Ducksteien
14. MOTHER'S MAIDEN NAME	Margaret E. Pyett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	Mr. J. H. Watson
ADDRESS	212 Laurens St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Uterus — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. , 1936 *to* 3/21 , 1949 *that I last saw the deceased alive on* 3/15/49 , 1949 *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	Sheldon Lankford M.D.	
23B. ADDRESS	Med. Arts Bldg	
23C. DATE SIGNED	3/22/49	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/23/49	Loudon Park Cem.	Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

48B

72686

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31 Registered No. G72686

1. NAME OF DECEASED (Type or Print)	BLANCHE C. BUTTNER
2. DATE OF DEATH	Mar. 20, 1949
3. PLACE OF DEATH A. Baltimore City Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	3314 Noble Street
c. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Balto.
D. STREET ADDRESS (If rural, give location)	3314 Noble St. 26 / 0
5. SEX	Female
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	June 10, 1880
9. AGE (In years last birthday)	68 yrs.
If Under 1 Year: Months / Days	
If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of her life, even if retired)	housewife
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	William L. Taylor
14. MOTHER'S MAIDEN NAME	Mary Demonnier
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	no
16. SOCIAL SECURITY NO.	none
17. INFORMANT	Mr. Charles J. Buttner
ADDRESS	3314 Noble St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) arteriosclerosis.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1- , 19 46 *to* 3-20 , 19 49 *that I last saw the deceased alive on* 3-20 , 19 49 *and that death occurred at* 2 45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	John J Gould M. D.	23B. ADDRESS 1411 East 33rd
23C. DATE SIGNED	3-22-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE 3/24/49
24C. NAME OF CEMETERY OR CREMATORY	Lorraine Park	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR	MAR 23 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR	WM. J. TICKNER & SONS	ADDRESS Balto., Md.

VS 150

83a

672687

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

672687 Registered No.

1. NAME OF DECEASED (Type or Print): Katherine L. Mullins

2. DATE OF DEATH: 3-20-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY House of Angels Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md
D. STREET ADDRESS (If rural, give location): 6 Pushing Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W		12/26/07	82				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Mfg Dept - None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr. Earl Kenney
14. MOTHER'S MAIDEN NAME: Barbara Walsh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS: Probate Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) A.S.C.V.D.
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Conjestion

INTERVAL BETWEEN ONSET AND DEATH: 2 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19-49, 19__, to 3-20-49, 19__, that I last saw the deceased alive on 3-20-49, 19__, and that death occurred at 6:45 a m., from the causes and on the date stated above.

23A. SIGNATURE: Bowie Irvin Grant M.D.
23B. ADDRESS: West Baltimore Gen. Hosp.
23C. DATE SIGNED: 3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: Portland
24D. LOCATION (City, town, or county) (State): Maine

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Winston for Williams, M.D.
25. FUNERAL DIRECTOR: W. Cook Inc.
ADDRESS: 127 N. Paul St.

VS 150

937

2688 BALTIMORE CITY HEALTH DEPARTMENT G72688

BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Mr. N. Ellsworth Bunce

2. DATE OF DEATH 3-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 617 Montpelier Street Zone 18

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	May 12, 1904	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate Business	Own	Maryland	U.S.A.

13. FATHER'S NAME David N Bunce

14. MOTHER'S MAIDEN NAME Bessie Craig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown			Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malignant Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 4, 1949, *to* March 22, 1949, *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 10:35 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James J. C. Finney M. D.	Union Memorial Hospital	3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.

VS 150

102

G72689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72689

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hester Harris

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1637 N. Gilmor St.

D. STREET ADDRESS (If rural, give location): 1637 N. Gilmor St.

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Widow	April 25, 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Mary J. Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Hester Harris ADDRESS: 1637 N. Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic Heart Disease	1 yr
DUE TO (B)	Generalized Arteriosclerosis	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Malnutrition, Severe	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948 *to* Mar. 18, 1949 *that I last saw the deceased alive on* Mar. 15, 1949, *and that death occurred at* 4.40P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert L. Kemsley M. D.	1325 W. Lanvale Street	3/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-23-49	Asbury Cem.	Loreley, Balto., Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Mc Frances A. Kemsley	Biddeford

VS 150 Moseley

93D

G72690

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G72690
Registered No.

1. NAME OF DECEASED (Type or Print): Abraham Landsberg

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-19
D. STREET ADDRESS (If rural, give location): 701 Narcissus Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	Wh			82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Sarah
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Benjamin Landsberg ADDRESS: 1016 Mimosa Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular Accident
DUE TO
(B) Hypertensive Cardiovascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31 1949 to 3/22 1949, that I last saw the deceased alive on 3/22 1949, and that death occurred at 10 55 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Marjorie Brauer, M. D. M. D.
23B. ADDRESS: Sinai Hospital, Baltimore
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3/23/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county): Portsmouth (State): Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levy Inc. ADDRESS: 2100 Eutaw Place

VS 150

937

72691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4013

G72691

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Lola M. Hicks.

2. DATE OF DEATH 3-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore Gen Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore 5 4 yrs Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1305 W. Pratt St. 19 03

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/31/1895

9. AGE (In years last birthday) 54 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10B. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Upsher Bell

14. MOTHER'S MAIDEN NAME Sadie R. Brittingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ✓

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT Mrs Frances Rene ADDRESS 1305 W. Pratt St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardio - respiratory arrest	Few days.
DUE TO (B)	Cardiac decompensation	Congenital cardiac defect
DUE TO (C)	Auricular septal defect. Coronary artery disease	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Auricular septal defect.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION Coronary sclerosis, myocardial fibrosis, auricular septal defect

WAS AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1949 *to* March 22, 1949, *that I last saw the deceased alive on* March 22 1949, *and that death occurred at* 8:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE Leonard Teuber M.D.

23B. ADDRESS West Baltimore General Hosp

23C. DATE SIGNED March 23 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/25/49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1949

REGISTRAR'S SIGNATURE Lucretia Williams, M.D.

25. FUNERAL DIRECTOR John J. Cowan + Son ADDRESS 2131 Hollins St

VS 150

940

B72692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 72692

1. NAME OF DECEASED (Type or Print): WILLIAM A. WAREHIME

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6103 Marietta Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6103 Marietta Avenue 27-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	white	widowed	Aug. 30, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contracter

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Myrtle E. Mackert ADDRESS: 6103 Marietta A

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3-25-49	Kriders Cemetery	Westminister, Maryland

LOCAL REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Howard N. Blight, Jr. 6009 Harford Road

Howard N. Blight Jr. 6009 Harford Road 94a

VS 151

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72693

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 G72693
Registered No.

1. NAME OF DECEASED (Type or Print) Florence A. Anderson

2. DATE OF DEATH March 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 954 Homestead St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 954 Homestead St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	widowed	Feb. 26, 1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Baltimore - Md	U.S.A.

13. FATHER'S NAME Richard C. Gent

14. MOTHER'S MAIDEN NAME D. Amey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
none		Myrtle Simpson	3031 Woodside Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of lung (Rt.)	1 yr.
DUE TO (B)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 8, 1948 *to* Mar 21, 1949 *that I last saw the deceased alive on* Mar. 20 1949 *and that death occurred at* 9:05A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lloyd E. Taylor M. D.	3902 Greenmount Ave.	MAR 22 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/24/49	Mt. Olivet Cemetery	Frederick Ave. Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Howard M. Blight Jr.	6009 Harford Road

VS 150

47D

72694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 G72694
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY PRETTYMAN JAMES — Mr. Henry James

2. DATE OF DEATH 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital
c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3509 Cliffmont Ave 26-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
M	W	Married	1/19/00	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Patapsco R.R.	Maryland	USA

13. FATHER'S NAME Mr. David James
14. MOTHER'S MAIDEN NAME Louise Shores

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	719-18-5874	Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cardiac Arrest c Peripheral Circulatory Failure During Operation	
DUE TO (B)		
DUE TO (C)	Neoplasm Right Lung	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-22-49	Neoplasm Right Lung	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-20, 19__, *to* 3-22, 1949, *that I last saw the deceased alive on* 3-22, 1949, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23. SIGNATURE Howard Sauer Jr. M. D. — 23B. ADDRESS Church Home & Hosp. — 23C. DATE SIGNED 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 23 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC

VS 150

NORTH AVE. & BROADWAY - BALTO. 13

47D

CERTIFICATE CORRECTED 3/28/49

G72695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72695

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KENDLE - MAJOR LEWIS

2. DATE OF DEATH: 3/20/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2811 Montebello Ter

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05

c. Length of stay in Baltimore: 72 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 2811 Montebello Ter

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Married	4/28/76	72 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Bank	Baltimore - Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. S. Lewis	Ann Emily Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
None	218 03 1099	Daughter	Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Dis with Decompensation — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ..... DUE TO

(C) Pulmonary Edema

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ....., 19 46, *to* 3/20, 19 49, *that I last saw the deceased alive on* 3/19, 19 49, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	4331 Harford Rd	3/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/23/49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 23 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 450

BALTIMORE - 13, MARYLAND

937

72696 BALTIMORE CITY HEALTH DEPARTMENT G72696
CERTIFICATE OF DEATH
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jacob Monoker
2. DATE OF DEATH: 3-23-49
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: 40 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-03
D. STREET ADDRESS (If rural, give location): 1427 No Collington Ave
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH
9. AGE (In years last Birthday): 67 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Abraham
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Louis Monoker ADDRESS: 1809 Moreland Ave

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
DUE TO
(B) Arteriosclerotic Heart Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Benign Hypertrophy of Prostate — 3 yrs.

19A. DATE OF OPERATION: 2-25-49
19B. MAJOR FINDINGS OF OPERATION: Benign Hypertrophy of Prostate
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1949, to 3-23, 1949, that I last saw the deceased alive on 3-23, 1949, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE: Samuel Herman, M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-23-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levine ADDRESS: 2100 Eutaw Pl

VS 150

137a

72697

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175

G72697

Registered No.

1. NAME OF DECEASED (Type or Print): ELIZABETH KRELL	2. DATE OF DEATH: 3-20-49
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1425 LOWMAN ST c. Length of stay in Baltimore: 40 Yrs.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD. B. COUNTY: C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE D. STREET ADDRESS (If rural, give location): 1425 LOWMAN ST. 24-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	W	WIDOWED	UNKNOWN	81	— / —	— / —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	—	UNKNOWN	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles WEISENBORN	UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
NO	—	EDWIN S. KRELL JR.	1425 LOWMAN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Left Carcinoma of Body	1 year
DUE TO (B)	Cachexia	2 mos
DUE TO (C)	Senility	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
Nil		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nun, 19[illegible] *to* 3/20, 19[illegible] *that I last saw the deceased alive on* 3/19, 19[illegible], *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wade Miller M. D.	1111 N Charles ST	3 per 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-23-49	BALTIMORE CEM.	NORTH AVE.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Charles F. Dill	1501 E. FORT AVE

VS 150

49a

72698 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 6.0 E9 16 G72698 Registered No.

1. NAME OF DECEASED (Type or Print): Allen (Allain) Johns - N-948-5

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chase, Md.
D. STREET ADDRESS (If rural, give location): 1337 Brunt St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M			Dec. 22, 1918	30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Loader	West. Md. Diary	Chase, Md.	USA

13. FATHER'S NAME: Joshua Johns
14. MOTHER'S MAIDEN NAME: Georgin Mae Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
War II		Bertha Johns 1387 Brunt St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Second and Third Degree Burns	
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Backriver Neck Rd., Essex	Backriver Neck Rd., Essex, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
March 13, 1949 9 A.M.		House afire Elec. Ref.

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Earl L. Ruzicka M.D.		20 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/23/49	Sharp St. Cem.	Chase, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 23 1949	Huntington Pharmacy, Md.	Elroy O. Wilson, 1000 Brantly Ave.

VS 151

180

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72699 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM ALBERT HARTLOVE

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3023 EASTERN AVE.
C. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3100 FOSTER AVE.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4/26/1885
9. AGE (In years last birthday): 63 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF (WHAT COUNTRY?): U.S.A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES WWI
16. SOCIAL SECURITY NO: ?
17. INFORMANT: CAROLINE HARTLOVE ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Months
DUE TO
(B) Coronary Arteriosclerosis — ?
DUE TO

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Auricular Fibrillation — 3 wks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
CERTIFICATION APPROVED BY
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 17, 1949, *to* Mar. 22, 1949, *that I last saw the deceased alive on* Mar 22, 1949, *and that death occurred at* 9:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Olivia W. LeGrow M. D.
23B. ADDRESS: 3023 Eastern Ave.
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3/25/49
24C. NAME OF CEMETERY OR CREMATORY: OAKLAWN CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE CO.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Hunter Williams M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler Inc.
ADDRESS: 403 S. Wolfe BALTO. 31

VS 150

94a

BIRTH NO. G72700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. 72700

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Weissensell

2. DATE OF DEATH: 3/21/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home 6000 Bellona Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4218 Massachusetts Ave. 28-04

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 26, 1862
9. AGE (In years last birthday): 86 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Barlage
14. MOTHER'S MAIDEN NAME: Mary Wehage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Niece ADDRESS: Mrs. G. W. Schuncke, 4218 Mass. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
(A) Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Cerebral Hemmorag-ruded
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 23, 1948, to Mar 21, 1949, that I last saw the deceased alive on Mar 21, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

23A. SIGNATURE: A. C. Rexander M. D.
23B. ADDRESS: 112 W. 25th St
23C. DATE SIGNED: Mar. 23 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral, 4300 Old Frederick Rd.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Harry Hintz ADDRESS: 4101 Edmondson Ave.

VS 150

83a

G72701

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72701

Registered No. 704.1

1. NAME OF DECEASED (Type or Print): George W. Gatheright

2. DATE OF DEATH: 3/21/49

3. PLACE OF DEATH:
A. Baltimore City, Md. and

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Catonsville
D. STREET ADDRESS (If rural, give location): 101 Oakdale Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	married	10/6/1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Own Paper

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Gatheright

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mae Gatheright ADDRESS: 101 Oakdale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CIRRHOSIS OF LIVER — (INTERVAL BETWEEN ONSET AND DEATH)

DUE TO

(B) MYELOID LEUKEMIA

DUE TO

(C) GENERALIZED LYMPHADENOPATHY

(C) TERMINAL LEUKEMIA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Shaw M. D.

23B. ADDRESS: St. Agnes Hosp.

23C. DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/26/49

24C. NAME OF CEMETERY OR CREMATORY: Baltimore

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949

REGISTRAR'S SIGNATURE: Wilmington Williams M.D.

25. FUNERAL DIRECTOR: George A Farley ADDRESS: Fulton and Fayette St

74a

72702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

517.0 ✓ G72702 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Arthur Harold Luckey

2. DATE OF DEATH 3-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4510 Weitzel Ave. 27-07

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6-29-19 | 9. AGE (In years last birthday) 29 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist

10B. KIND OF BUSINESS OR INDUSTRY Plastic Chemicals

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur F. Luckey

14. MOTHER'S MAIDEN NAME Emma S. McConsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Hospital Record ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Hemorrhagic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 3-14-49
19B. MAJOR FINDINGS OF OPERATION Acute Hemorrhagic Pancreatitis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18 - , 1949 to 3-22- , 1949 that I last saw the deceased alive on 3-22 , 1949, and that death occurred at 3 oc P m., from the causes and on the date stated above.

23A. SIGNATURE Francis Hansen Watt M. D.
23B. ADDRESS Union Memorial Hospital
23C. DATE SIGNED 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/25/49
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1949
REGISTRAR'S SIGNATURE Interior H. Williams, M.D.
26. FUNERAL DIRECTOR Leonard J. Luck ADDRESS 5305 Harford

VS 150

128

BIRTH NO 67270[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 67703

1. NAME OF DECEASED (Type or Print): [illegible]RY BATTERSBY — N-864.0

2. DATE OF DEATH: March 20, 1949

3. PLACE OF DEATH
A. Baltimore City [illegible]land
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): B[illegible]re City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 423 S. Robinson Street

5. SEX: Male
6. COLOR OR RACE: Wh[illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 5,1928
9. AGE (In years last birthday): 20 — If Under 1 Year: Months 11 Days 1[illegible] — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): New Deal Optical
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George H. Battersby
14. MOTHER'S MAIDEN NAME: Catherine A. Busse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 212-22-6993
17. INFORMANT: George R. Battersby — ADDRESS: 423 S.Robinson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rupture of liver
DUE TO
(B) (Automobile accident)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Eastern Avenue at Lowrey Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 20, 1949 6[illegible]15 p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Auto. Accident (3-way collision)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Buria l
24B. DATE: Mar.24,1949
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Palti more Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: [illegible]ington Williams, M.D.
25. FUNERAL DIRECTOR: John C Miller Inc. — ADDRESS: 2435 E Oliver St

VS 151

170c

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 241

G72704 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry A. Abel

2. DATE OF DEATH: Mar. 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 2441 E. Hoffman St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2441 E. Hoffman St. 802

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 13 1883
9. AGE (In years last birthday): 65 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Abel
14. MOTHER'S MAIDEN NAME: Mary Trageser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Hilda Muller — ADDRESS: 2320 E. Preston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs (?)
DUE TO
(B) [redacted] Chronic, Chronic — 5 yrs (?)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile, Myocardial — 10 yrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Jan 1945, *to* 21 Mar 1949, *that I last saw the deceased alive on* 21 Mar 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1513 N. Milton Ave
23C. DATE SIGNED: 22 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John F. Mullen Inc. — ADDRESS: 2435 E. Oliver St.

VS 150

937

G72705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72705

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARRO TAPANI MAKELA — N-852.0

2. DATE OF DEATH March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital

C. Length of stay in Baltimore: Yrs. 2 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Finland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kotka 26-12
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
Male	White	Single	Nov. 2, 1923	25	4	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Motorman	Motor Ship	Kotka, Finland	Finland

13. FATHER'S NAME
Nikolai Makela

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give dates of service)	16. SOCIAL SECURITY NO.
—	—	—

17. INFORMANT Bengt Abbe Ingvas Vermmack ADDRESS (captain-- S. S. Arctic)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) Cerebral Concussion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fleet and Ponca Sts.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) March 19, 1949 11:30 p.m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Ped. struck by auto. 24/5

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Earl V. Kruger M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24B. DATE Mar 24-1949

24C. NAME OF CEMETERY OR CREMATORY London Park

24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Jos. Matthews, M.D.

25. FUNERAL DIRECTOR Bestrand Yost ADDRESS 2224 Eastern Ave.

VS 15 MAR 23 1949

170c

Street age is especially important. Physician: please write the causes of death clearly and legibly.

BIRTH NO. G72706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1 3 G72706

1. NAME OF DECEASED (Type or Print): Willie Greene

2. DATE OF DEATH: March 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1606 E. Biddle St.
C. Length of stay in Baltimore: 31 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1606 E. Biddle St. 8-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Married	March 10 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country): Alberta Va.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Richard Greene
14. MOTHER'S MAIDEN NAME: Nadene ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-09-2815
17. INFORMANT: Alma Greene ADDRESS: 1606 E Biddle St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary occlusion	Immediate
DUE TO (B)	acute rheumatic fever	42 days
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	diabetes mellitus	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?:

22. I hereby certify that I attended the deceased from 2-14 1949 to 3-22, 1949 that I last saw the deceased alive on 3-20, 1949 and that death occurred at 8 40 A.m., from the causes and on the date stated above.

23A. SIGNATURE: R. Browne
ADDRESS: RAYMOND BROWNE, M.D. 1500 EAST MADISON ST. BALTIMORE MD
23C. DATE SIGNED: 3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	March 26/49		Alberta Va

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Robt A Elliott Sr. ADDRESS: 1129 N. Carlton

61

G72707 ✓ G72707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

EDIT. 4

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): JAMES BURTON JACKSON — N-P 13. 2

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH
A. Baltimore City Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 808 McDonogh Street 7-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored		2/11/1919	30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Md.	

13. FATHER'S NAME: Burton Jackson
14. MOTHER'S MAIDEN NAME: Katie B. Lines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
			Kate Jackson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Myocardial degeneration. Contusion of brain. Fractured skull
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Orleans & Asquith Street 5/a

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
February 3, 1949 8 P. m.		Pedestrian struck by auto while lying in roadway

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Mt. Calvary Cemetery A.A. Co.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Wm. H. Elliott & Son	1702 1129 N. Caroline St.

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72708 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FISHER (TRUEHEART) TRUEHART

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 417 Merrymans Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	Colored	Widowed	March 20, 1865	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Virginia	

13. FATHER'S NAME: Thomas Truehart

14. MOTHER'S MAIDEN NAME: Bettie Staunge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Susie Martin	419 Merryman Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid hemorrhage (traumatic)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	417 Merryman Lane 12/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 20, 1949 8:40 A.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell down stairsteps

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
Earl L. Royer M.D.		3-22-49

24A. (BURIAL, CREMATION, REMOVAL (Specify))	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 24, 1949	Arbutus M. Park	Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	Mrs. A. E. Elliott Sgt.	1962 W. Baltimore St.

VS 15M

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72709 G72709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Louis Chapin Burr

2. DATE OF DEATH: March-23-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home

C. Length of stay in Baltimore: 18 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 3700 N. Charles St, Baltimore, Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 3700 N. Charles Street 12-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widower	Nov-17-1866	82-4-6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Conn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Burr

14. MOTHER'S MAIDEN NAME: Anna M. Chapin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs. Dorothy B. Hineline ADDRESS: Minneapolis, Minn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Coronary Thrombosis

DUE TO

(C) Carcinoma of Bronchus & Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* [illegible] *from the cause and on the date stated above.*

23A. SIGNATURE: P. E. Kinsler, M.D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	March-25-1949	Lakewood Cemetery	Minneapolis, Minn.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Stewart & Mowen Co. ADDRESS: 108 W. North Ave. Baltimore #1, Maryland

94a

VS 150

Correct age is especially important. Physicians: please write the causes clearly and legibly.

ES-122417 G72710 G72710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert D. Sheets, Jr.

2. DATE OF DEATH March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals
C. Length of stay in Baltimore 56 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1526 Hollins Street 19-03

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIV.
8. DATE OF BIRTH August 29, 1892
9. AGE (In years last birthday) 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md (Balto.)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert D. Sheets, Sr.
14. MOTHER'S MAIDEN NAME Sophia Spies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	9mos.
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25 19 48, *to* 3-22, 19 49, *that I last saw the deceased alive on* 3-22 19 49, *and that death occurred at* 7:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE H. L. Rogers M. D.
23B. ADDRESS 4940 EASTERN AVENUE
23C. DATE SIGNED 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/25/49
24C. NAME OF CEMETERY OR CREMATORY Cathedral
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1949
REGISTRAR'S SIGNATURE Evington Williams, M.D.
25. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

VS 150

13B

Exact age is especially important. Physicians: please write the cause of death clearly and legibly.

G72711 ✓ G72711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

200.1

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE W. BLACK, Sr.

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyman Park Apts.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Wyman Park Apts. 13-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Feb. 8, 1893	56 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer - Sales		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry L. Black	Cinetta Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Ida M. Black -	Wyman Pk. Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		(INTERVAL BETWEEN ONSET AND DEATH)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Lymphosarcoma	18 mos
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/23/49	Lymphosarcoma	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 19 49 *to* 3/22 19 49 *that I last saw the deceased alive on* 3/21 19 49 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry L. Hansen M. D.	20 E. Preston Street	1/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 23 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS. 150

55E

Correct age is especial important. Physician: please write the words and not merely make figures.

G72712 BALTIMORE CITY HEALTH DEPARTMENT 491 G72712
CERTIFICATE OF DEATH Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK SCHLOMAN
2. DATE OF DEATH March 21, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 30
D. STREET ADDRESS (If rural, give location) 1039 Hanover St. 23-01
c. Length of stay in Baltimore 74 Yrs. (Mos. Days)
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 1875
9. AGE (In years last birthday) 74 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Known
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ernst Schloman
14. MOTHER'S MAIDEN NAME M. Middelcamp.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS So. Balto. Gen. Hosp. Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.) (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Urinary Bladder ?

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 3-20, 1949 to 3-21, 1949, that I last saw the deceased alive on 3-21, 1949 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE Edward A. Newell M. D.
23B. ADDRESS 1213 Light Street
23C. DATE SIGNED 3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial
24B. DATE 3/23/49
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill
24D. LOCATION (City, town, or county) (State) A. A. Co. Md.
25. FUNERAL DIRECTOR ADDRESS L. V. Lemmon 4611 Park Heights

DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1949
REGISTRAR'S SIGNATURE Huntington Williams M.D.

VS 150

528

BIRTH NO. G72713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72713

✓ Enc 3.4

1. NAME OF DECEASED (Type or Print): Edward Butkiewicz (Butkiewicz) — N-861.0

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore: 18 months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3120 Dillon Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Single	April 24th, 1923	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10B. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country): Mt. Carmel, Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Butkiewicz

14. MOTHER'S MAIDEN NAME: Mary Burba

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Joseph Butkiewicz ADDRESS: 3120 Dillon St. Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of Head DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Ellwood Avenue at Boston Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-23-49 Approx. 10 a. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCoccur? Auto. over embankment (deceased--driver)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 3/23/1949

24C. NAME OF CEMETERY OR CREMATORY: Mother of Consolation

24D. LOCATION (City, town, or county) (State): Mt. Carmel, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949

REGISTRAR'S SIGNATURE: [signature] Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 403 South Wolfe St.

VS 151

170 c

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

113 G72714

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Mrs Delia C Hayes

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland; St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Hosp.

c. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY W.I.A.

C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2418 Loretta Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	married	7/12/1893	55yr.	8 10	

9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	—	Ireland	

13. FATHER'S NAME: Michael Hayes

14. MOTHER'S MAIDEN NAME: Bruget

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	—	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days

DUE TO

(B) Arteriosclerotic hypertensive CVD — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/9, 1949, to 3/22, 1949, *that I last saw the deceased alive on* 3/22, 1949, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert J. Levickas M.D.	St. Agnes Hospital	3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	New Cathedral	

DATE RECEIVED BY LOCAL REGISTRAR: MAR 23 1949

REGISTRAR'S SIGNATURE: Lexington Williams, M.D.

25. FUNERAL DIRECTOR: Charles P. Towell — ADDRESS: 2427 Edmondson Ave

VS 150

937

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72715 ✓ G72715

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 470 Registered No.

1. NAME OF DECEASED (Type or Print): DAVIDSON, LAURA LEE

2. DATE OF DEATH: MARCH 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 700 W. 40th ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME FOR INCURABLES of BALTIMORE
c. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1700 PARK AVE - BALTO. Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Md
D. STREET ADDRESS (If rural, give location): 1700 PARK AVE - 14-1

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug-10-1870
9. AGE (In years last birthday): 78 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.): 7 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: SPENCER L. DAVIDSON
14. MOTHER'S MAIDEN NAME: LAURA LEE BURRELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Betsy Ross — ADDRESS: 700 W. 40th ST. - Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour
DUE TO
(B) Hypertensive Cardio Vascular Renal Disease — 3 years
DUE TO
(C)

ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17/1948 to 3/21/1949 that I last saw the deceased alive on 3/16/1949 and that death occurred at 2:25 A m., from the causes and on the date stated above.

23A. SIGNATURE: W Stratton Hargrove M. D.
23B. ADDRESS: 214 Medical Arts Bldg
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: March 24
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd.

VS 150

131a

G72716

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G72716

Registered No.

1. NAME OF DECEASED (Type or Print): William French

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 3217 Elmley Ave R-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	5/12/1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10B. KIND OF BUSINESS OR INDUSTRY: Acme Meat Market

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm French

14. MOTHER'S MAIDEN NAME: Amelia Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-01-7689

17. INFORMANT: Mrs. Louise French ADDRESS: 3217 Elmley Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Infaretion, multiple	25 days.
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Auricular Fibrillation	?
DUE TO		
	(C) Hypertensive Cardiovascular Disease 2+ years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 2, 1949, *to* March 23, 1949 *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 4:55 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Bette May Young M.D. M.D.

23B. ADDRESS: Maryland General Hospital

23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/26/49

24C. NAME OF CEMETERY OR CREMATORY: Balto.

24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

VS 150

93D

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-5-49 ✓ 4rr. 1

G72717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72717

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Ford Shaw

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore Lifetime Resident Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1909 Park ave

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 12-25-1865

9. AGE (In years last birthday) 83 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Joseph Ford Shaw

14. MOTHER'S MAIDEN NAME Jane Forbes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation

DUE TO

(B) Arteriosclerotic Cardiovascular Heart Disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Yr) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1949, *to* 3-23, 1949 *that I last saw the deceased alive on* 3-21, 1949, *and that death occurred at* 2 45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Harris H. Watt, M.D.

23B. ADDRESS Union Memorial Hospital

23C. DATE SIGNED 3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/25/49

24C. SIGNATURE OF EMBALMER (If applicable) [illegible]

24D. LICENSE NO. (Embalmer) [illegible]

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Wilson Cook Inc

ADDRESS 1217 Park Ave

VS 150

937

G72718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72718

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas Cornish

2. DATE OF DEATH: 3/21/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 805 N. Parrish St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: 67 Yrs. 4 Mos. 20 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 805 - N. Parish St. 16-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 1 Day: Hours / Min.
M.	C.		1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none		

13. FATHER'S NAME: — Cornish

14. MOTHER'S MAIDEN NAME: Mahalea Perrin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Nellie Bennison	803 Parrish St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 31, 1948 *to* March 21, 1949, *that I last saw the deceased alive on* March 21, 1949, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	726 N. Gilmor	3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Interment	3/24/49	Mt. Auburn Cem	West Port. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	[illegible] for Nicholas, M.D.	Metropolitan Funeral Homes, Inc.	937 N. Gilmor St

VS 150

937

Exact age is especially important. Physician: please write the causes of death clearly and legibly.

G72719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G72719

1. NAME OF DECEASED (Type or Print): Mrs. Bella C. Allen

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1206 W. Belvedere Avenue

c. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1206 W. Belvedere Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widow	Sept. 12, 1861	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar E. Chappell

14. MOTHER'S MAIDEN NAME: Mary A. Eddinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: ---

17. INFORMANT: Mrs. Rachel N. Hedrick ADDRESS: 1206 W. Belvedere Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

(B) Arteriosclerotic CVD — ?

DUE TO

(C) cardiac decomp.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10 1949 *to* March 23 1949, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:20 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence Howarth M.D.

23B. ADDRESS: 3911 Falls Rd

23C. DATE SIGNED: 3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: March 25, 1949

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Washington Williams M.D.

25. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS 150

93D

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72720 G72720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17° Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILIAN JANE GORE

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH
A. Baltimore City Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 117 Edgevale Rd.
c. Length of stay: Yrs. 3 Baltimore Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riviera Beach
D. STREET ADDRESS (If rural, give location): Asbury Rd.

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 1, 1886
9. AGE (In years last birthday): 63 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William White
14. MOTHER'S MAIDEN NAME: Susan A. Beetley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Gladys Libby ADDRESS: 627 Grantley St.

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Metastatic carcinoma of
DUE TO lungs
(B) Carcinoma of breast
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 1947
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 3/21, 1949, *that I last saw the deceased alive on* 3/21 1949, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4710 Liberty Hts
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/24/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

50

G72721 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 G72721 Registered No.

1. NAME OF DECEASED (Type or Print): ANNIE M. C. NEUMAN

2. DATE OF DEATH: Mar. 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2306 N. Fulton Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2306 N. Fulton Ave. 13-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 hours: Hours Min.
female	white	Widow	Jan. 1, 1871	78 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	

13. FATHER'S NAME: Herman Zuckshwertz

14. MOTHER'S MAIDEN NAME: Katherine Ruther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-		Mr. J. H. Neuman	2306 N. Fulton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sub acute endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

(B) Ch. valvular heart disease. — 6 yrs.

DUE TO

(C) Chronic nephritis — 6 yrs.

ANTECEDENT CAUSES

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT? SUICIDE? HOMICIDE? (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1944, *to* March 22, 1949 *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 10:47 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo E Wells M. D.	4100 Edmondson Ave.	3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Entombment	3/24/49	Lorraine Maus.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

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Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G727722

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Vol. 1, G727722
Registered No.

1. NAME OF DECEASED (Type or Print) JULIA A HERGENROEDER

2. DATE OF DEATH 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-6
D. STREET ADDRESS (If rural, give location) 2911 W. North Ave.

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov. 1886
9. AGE (In years last birthday) 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles G. Flaharty
14. MOTHER'S MAIDEN NAME Lillie M. Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Arthur J. Hergenroeder (25 Wall St. Rockville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) peritonitis, pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) deterotania, benetemesis masaie

DUE TO (operl)

(C) esophageal varices

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3/8/49
19B. MAJOR FINDINGS OF OPERATION esophageal varicis
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/8, 1949 *to* 3/22, 1949 *that I last saw the deceased alive on* 3/22, 1949, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE James M. Bisanar M. D.
23B. ADDRESS University Hospital
23C. DATE SIGNED 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/24/49
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

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Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72723

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN T. DAVIS

2. DATE OF DEATH: 3-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home + Hosp.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): North Point Road

5. SEX	6. COLOR / RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Nov. 26, 1902	46		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Davis

14. MOTHER'S MAIDEN NAME: Carrie Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT / ADDRESS: Hosp. Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO (B) mitral stenosis and insufficiency / aortic stenosis and insufficiency — 3 15 yrs

DUE TO (C) Rheumatic endocarditis, [redacted] / Rheumatic Heart Disease, [redacted] — 25-30 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24-, 1949 *to* 3-21, 1949 *that I last saw the deceased alive on* 3-21, 1949, *and that death occurred at* 7 40 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lee M. Howard M. D.

23B. ADDRESS: Church Home + Hospital

23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: March 24 1949

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

24D. LOCATION (City, town, or county) (State): Eastern Blvd Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR / ADDRESS: Roland T. Finke Dundalk, Md

VS 150

92c

B-118636

G72724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31 Registered No. G72724

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael O'Neill

2. DATE OF DEATH: 3-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): No Home 26-12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 15-1875
9. AGE (In years last birthday): 74 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William O'Neill
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records-Baltimore City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6days
DUE TO
(B) Arteriosclerosis .generalized — 15yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2- , 1948, *to* 3-22- , 19 49 *that I last saw the deceased alive on* 3-22- , 19 49, *and that death occurred at* 12pm., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 25/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: [signature] for Baltimore, Md.
25. FUNERAL DIRECTOR: John J. Duda ADDRESS: 2829 Hudson St.

VS 150

83a

Street age is especially important. Physicians: please write the causes of death clearly and legibly.

G72725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G72725 Registered No.

1. NAME OF DECEASED (Type or Print): George W. West
2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital DOA
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgewood (Queens County)
D. STREET ADDRESS (If rural, give location): 1630 Cornelia Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	single	8/13/1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		England	U.S.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT / ADDRESS: Wm. R. Desmond - 1630 Cornelia St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio Vascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: William J. Helfrick M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3/24/49	Evergreen Cemetery	Kings County Brooklyn, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 151

93D

G72726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72726

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas Harry Dorsey

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-44
D. STREET ADDRESS (If rural, give location): 3008 Evergreen St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
M	W	married	Sept. 14, 1884	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
engineer	B. & O. R. R.	Howard Co., Md.	

13. FATHER'S NAME: Winfield Dorsey

14. MOTHER'S MAIDEN NAME: Louisa Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Harry T. Dorsey	3008 Evergreen St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

(B) Myocardial infarction

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 151

94a

G72727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 33 1

G72727

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): CAMILLE T. MILLER.

2. DATE OF DEATH: MARCH-22/49.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2563-W. Lombard St.

c. Length of stay in Baltimore: 72 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore. 20-4
D. STREET ADDRESS (If rural, give location): 2563 W. Lombard St.

5. SEX: Female.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Nov. 5-1861
9. AGE (In years last birthday): 87 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.
10B. KIND OF BUSINESS OR INDUSTRY: At home.
11. BIRTHPLACE (State or foreign country): Richmond-Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Reynolds.
14. MOTHER'S MAIDEN NAME: Rebecca Hudson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO: None.
17. INFORMANT: Miss Edna Earle - ADDRESS: 2563 W. Lombard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Auricular fibrillation — 5 yrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1948, to March 23, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Gilbert [illegible] Rudman M. D.
23B. ADDRESS: 2517 W. Balto St.
23C. DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: March 25/49.
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore County — Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR SIGNATURE: [illegible] Huntington Woodlawn, Md.
25. FUNERAL DIRECTOR: Charles J. Schwab. ADDRESS: 3512-Fred'k. Ave.

VS 150

95a

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72728

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARRIE OWENS

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1049 Vine Street 18-2

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 10, 1903
9. AGE (In years last birthday): 45 mat. (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Seal, Alabama
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lunn ADDRESS: 4229 N. Poppie [illegible] St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardio-vascular-renal disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Obesity
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/25/49
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 332 N. [illegible] St.

VS 151

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G72729

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 151

Registered No. G72729

1. NAME OF DECEASED (Type or Print): MARY A. BREITSCHWERDT

2. DATE OF DEATH: 3-22-49

3. PLACE OF DEATH: A. Baltimore City, Md. and BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2420 ORLEANS ST

c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 6-2
D. STREET ADDRESS (If rural, give location): 2420 ORLEANS ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	Widowed	Feb. 7, 1875	74				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never worked, retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANCIS PATRICK Quinn

14. MOTHER'S MAIDEN NAME: ELIZABETH Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: KATHERINE L. PEITZ ADDRESS: 609 WILTON RD TOWSON MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B) Generalized Carcinomatosis — ? over

DUE TO

(C) Arteriosclerosis — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/9, 1949 *to* 3/22, 1949 *that I last saw the deceased alive on* 3/22, 1949, *and that death occurred at* 2½ *p. m., from the causes and on the date stated above.*

23A. SIGNATURE: L. J. Kleiner M. D.

23B. ADDRESS: 2623 E. Monument St

23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 3-25-49

24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Thurlington Williams M.D.

25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balt St

VS 150

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G72730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72730 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alvin Johnson N-933

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Timonium Station
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
M	Col.	S.	8/25/48	6	6 / 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Bruce Johnson
14. MOTHER'S MAIDEN NAME: Frederica

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO (B) Suffocation due to aspiration of vomitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Johns Hopkins H.	Hospital

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3-23-49 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Aspiration of vomitus

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy (Autopsy, Inspection or Inquiry) *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-26-49	Mt Auburn.	md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Lavington Williams, M.D.	George G. Nelson	1303 Priestman St

VS 151

1957

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 98 2.0

G72731

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): THELMA TURNER — N-875.2

2. DATE OF DEATH: March 21, 949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1213 Smithson Street 16-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Colored	married	Nov. 26, 1914	34		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	housework	Maryland	

13. FATHER'S NAME: Robert Taylor

14. MOTHER'S MAIDEN NAME: Gertrude Bosker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Gertrude Crawley, ADDRESS 1034 N. Stockton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage due to

DUE TO

(B) Stab wound of chest

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

I

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARILY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): friend's home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1521 W. Lanvale Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 21, 1949 8 P. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Sharp instrument

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Earl L. Royster M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-25-49

24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn

24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Hampton Williams, M.D.

25. FUNERAL DIRECTOR: George B. Kelly ADDRESS 1303 Presstman St

VS 151

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LEADS WHITE PENCIL, WITH ONE END ONLY. Every item of information should be entirely supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BS-125649
G72732

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

177 G72732
Registered No.

1. NAME OF DECEASED (Type or Print): Morrison Gray

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

C. Length of stay in Baltimore: 73 Yrs. [redacted] Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-2
D. STREET ADDRESS (If rural, give location): 1213 N. Gilmor (Gilmore) St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Married	Sept. 20, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: RECORDS*BALTO. CITY HOSPUTALS ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): (A) Carcinoma of the Prostrate — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.: (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-29, 1948, *to* 3-22-, 1949, *that I last saw the deceased alive on* 3-22, 1949, *and that death occurred at* 3:15 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	4940 Eastern Avenue	3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-26-49	Mt Auburn	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Lenington Williams, M.D.	George E. Nelson	302 Pierstown St

VS 150

51B

G72733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MAR 27 1949

G72733

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gregory White

2. DATE OF DEATH: 3-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-2

D. STREET ADDRESS (If rural, give location): 670 Sarah Ann St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

8. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Single	2-25-1923	26	1 / 28	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant Seaman		Maryland	USA

13. FATHER'S NAME: George White

14. MOTHER'S MAIDEN NAME: Mildred Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—		Mildred White	670 Sarah Ann St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain Abscess — INTERVAL BETWEEN ONSET AND DEATH: 4 wks ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Furuncle - arm

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-21-49	Brain abscess	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-22, 1949 *to* 3-22, 1949 *that I last saw the deceased alive on* 3-22, 1949, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] Harris M. D.	Univ Hosp.	3 22 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3-28-49	Arlington	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Samuel W. Sullivan Jr.	Balto. Md.

VS 150

802

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure to answer all questions correctly and completely. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

GM. 127300

G722734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45

G722734 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jeremiah Baker

2. DATE OF DEATH 3- 20- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore 22 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4 N. Caroline ST. 5-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Negro	Sep.	Aug. 3-1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Baker

14. MOTHER'S MAIDEN NAME Lydie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Records Balto. City Hospitals ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Malignant Hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) 1yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 - 4 - , 1949, *to* 3- 20- , 1949, *that I last saw the deceased alive on* 3- 20-, 1949, *and that death occurred at* 4.45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED 3 -20- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/24/1949

24C. NAME OF CEMETERY OR CREMATORY Mt. Calvery Cem.

24D. LOCATION (City, town, or county) (State) rooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE [signature] for Williams, M.D.

25. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly Ave

VS 150

102

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

G72735 G72735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

401 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John B. Tuggle Jr.

2. DATE OF DEATH 3/19/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 31 N. Bond St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sydenham Hospital

C. Length of stay in Baltimore Yrs. 14 Mos. 4 Days 20

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	C	S	Nov 3, '34	14		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Richmond Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Tuggle

14. MOTHER'S MAIDEN NAME Ivers Burden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT Daisy Strickland ADDRESS 31 N. Bond St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure Rheumatic HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis

DUE TO

(C) Rheumatic fever (active)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chr. tonsillitis & adenoiditis (over)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— hr.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 3/18, 1949 *to* 3/19, 1949 *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 8 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. S. Ulmer, M. D.	Sydenham Hospital	3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Buried	3/22/1949	Mt. Calvery Cem.	Brooklyn A.A.Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE Emma Williams, M.R.

25 FUNERAL DIRECTOR ADDRESS Elriy O. Wilson 1000 Beantly Ave.

VS 150

58C

PLEASE WRITE PLAINLY, with unfading ink. Every item of information must be given. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72736 ✓ 334X G72736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Butler

2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 849 China St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 849 China St 22-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	Col	widower	?	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): St. Marys Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mortician ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

(B) arterio Sclerosis — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28-49, 19__, *to* 3-24-49, 19__, *that I last saw the deceased alive on* 3-1, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: F A Cardozo, M. D.
23B. ADDRESS: 1524 Druid Hill Ave
23C. DATE SIGNED: 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/25/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 3/24/49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Walter B. Spriggs-139 W. Hamburg St. ADDRESS

VS 150

83a

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important. Physician only.

G72737 ✓ 4vr. 1 G72737

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Lizzie McWilliams

2. DATE OF DEATH 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 403 Warrenave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 403 Warren ave
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 403 Warren ave 24-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year Months Days	If under 24 hours Hours Min.
F	W	Single	7/10 1879	69	8	12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home-Mother	—	Baltimore	U.S.

13. FATHER'S NAME Hugh McWilliams

14. MOTHER'S MAIDEN NAME Elizabeth Opitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	Catherine Williams	403 Warren Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 10 days.

DUE TO

(B) Arteriosclerosis & Myocarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan 10 1949 *to* March 22 1949 *that I last saw the deceased alive on* March 19 1949 *and that death occurred at* 5:20 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John A. Schwenck M.D.	1837 S. Charles St.	3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Loudon Park	Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Fahey & Sons	1316 Eager St

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Street age is especially important. Physicians: please write the causes of death clearly and fully.

G72738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760

Registered No. G72738

BIRTH NO. B.C. 49-06209

1. NAME OF DECEASED (Type or Print) Baby Boy Cox

2. DATE OF DEATH 3-24-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hospital for the Women of Md.

c. Length of stay in Baltimore 3hrs-40mins (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3515 Old York Rd. 9-3

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 3-23-49
9. AGE (In years last birthday) If under 1 Year: Months / Days / If under 24 Hours: Hours 3 / Min. 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) —
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Cox J.R.
14. MOTHER'S MAIDEN NAME Dorothy Theresa Ignatowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO —
17. INFORMANT Charles Cox - Jr. ADDRESS 3515 Old York Road. Father

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 40 min

DUE TO

(B) Prolonged breech extraction

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.40 P.M. 3/23, 1949 to 1 am 3/24 1949 that I last saw the deceased alive on 3/24, 1949, and that death occurred at 1 A.M. m., from the causes and on the date stated above.

23A. SIGNATURE W. Allen Dickert M.D.
23B. ADDRESS 414 St Paul St
23C. DATE SIGNED 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/24/49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949
REGISTRAR'S SIGNATURE Constance Williams, M.D.
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.
ADDRESS

VS 150

BALTIMORE - 13, MARYLAND 160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G72739
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 91

G72739
Registered No.

1. NAME OF DECEASED (Type or Print): George H. Smith

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospt

c. Length of stay in Baltimore: Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1908 Perlman Place

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr 28th 1873
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.: 0 24
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Dept of Sanitation
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Katherine Greig
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs M. Smith — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobular Pneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Emphysema

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?:

22. I hereby certify that I attended the deceased from 3/21, 19 49, to 3/22, 19 49, that I last saw the deceased alive on 3/22, 19 49, and that death occurred at 2:45 m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 24th 1949
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Mem.
24D. LOCATION (City, town, or county) (State): Gaylor Ave

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: [signature] for Williams M.D.
25. FUNERAL DIRECTOR: Leo D. Leach — ADDRESS: 1703 N. Patterson Park Ave

VS 150

107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72740

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary A. Mcblintock

2. DATE OF DEATH March 22nd 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospt

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1700 N. Milton Ave 8-2

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 17th 1877
9. AGE (In years last birthday) 71 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Rissing
14. MOTHER'S MAIDEN NAME Alice Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT James W. Mcblintock ADDRESS 1700 N Milton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chr. Nephritis
DUE TO
Hypertensive Cardio Vasc.
(B) Disease due to
DUE TO
Hyperthyroidism
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) 8/13/40

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/13/40, 19__, *to* 3/22, 1949 *that I last saw the deceased alive on* 3/22/49 19__, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Max Bauer M. D.
23B. ADDRESS 1501 N. Milton Ave
23C. DATE SIGNED 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE March 24th 1949
24C. NAME OF CEMETERY OR CREMATORY Newcathedral
24D. LOCATION (City, town, or county) Frederick Road (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Leo F. Cook ADDRESS 1701-03 N. Patterson Park ave

VS 150

62 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. Physicians: please write the causes of death clearly and in full. Street age is especially important.

G72741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 3 31

G72741 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LULA MILBURN

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1632 Jefferson st

c. Length of stay in Baltimore: 50 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland — B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-5

D. STREET ADDRESS (If rural, give location): 1632 Jefferson St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col	Widow	10/27/1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Home	Fairmont Md	USA.

13. FATHER'S NAME: William Reed

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: None

17. INFORMANT: Flossie Jones. ADDRESS: 1632 Jefferson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO

/ ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis — 4 years

DUE TO

(C) Hypertension — 4 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21- , 1949, *to* 3-22- , 1949, *that I last saw the deceased alive on* 3-22- , 1949, *and that death occurred at* 7: P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robt W. McDaniel M. D.	707 N. Carrolton St.	3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3/25/49.	Mt. Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Lottie Gross	1408 Ashland Ave

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

G72742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 3 1 Registered No. G72742

1. NAME OF DECEASED (Type or Print) Emma Williams

2. DATE OF DEATH 3-23-49 2 55 PM

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1633 Vincent St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give county) 1633 Vincent St Baltimore
D. STREET ADDRESS (If rural, give location) 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Col		May 30	57	10 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Sallie Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Beatrice Christian ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

(B) Arterio-sclerosis ✓

DUE TO

(C) Arterial Hypertension ✓

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 23, 1949 *to* Mar 23, 1949 *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 2 55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE C. Edward Fahs M. D.
23B. ADDRESS 1612 E Monument St
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/25/49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State) Richmond, Va.

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR ADDRESS Mrs. Geo. W. Holland 1631 E. N. Ave

VS 150

83a

PLEASE WRITE PLAINLY, with pen and ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 X 78

Registered No. G72743

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John J. McCarthy

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton
D. STREET ADDRESS (If rural, give location): 6504 Fairmount Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
M	W	married	Feb 26 1890	59		26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpentry	Baltimore	-

13. FATHER'S NAME: John Timothy McCarthy

14. MOTHER'S MAIDEN NAME: Francis McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	-		Minnie K. McCarthy	6504 Fairmount

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hemorrhage of rectum
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. Helfrich M.D. | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ | 23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	New Cathedral	Frederick Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Victor Williams M.D.

25. FUNERAL DIRECTOR | ADDRESS: Frank H. Neurath Pikesville Md.

VS 151

123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20.1 G72744 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REBECCA . L. TARBERT

2. DATE OF DEATH March 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3132 Remington Avenue
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3132 Remington Avenue 12-7

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Sept-24-1887
9. AGE (In years last birthday) 61 If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Son - Marshall Tarbert -

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO Myocardial Degeneration

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE H. J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED March 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/25/49
24C. NAME OF CEMETERY OR CREMATORY Moreland Pk.
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR AND ADDRESS Leonard J Luck-5305

930

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 176 G72745

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK J. HALA, Jr.

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marine Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-7
D. STREET ADDRESS (If rural, give location): 3132 Remington Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	Feb. 26, 1912	37				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U. S. Army		Cleveland, Ohio	

13. FATHER'S NAME: Frank J. Hala, Sr.

14. MOTHER'S MAIDEN NAME: Christian Svec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes World War I		Frank J. Hala, Sr.	Walter Rd. Novelty Ohio

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet-wound of brain

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3132 Remington Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 21, 1949 ?P m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Inso. & Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Thos. A. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	3/25/49	Moreland Park	Balt, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949

REGISTRAR'S SIGNATURE: Remington Williams M.D.

25. FUNERAL DIRECTOR: Leonard J. Luck ADDRESS: 5305 Harford

164c

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 0.0

Registered No. G72746

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH LOUIS RUPPEL

2. DATE OF DEATH: 24 MARCH 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GEN. HOSP (If not in hospital or institution, give street address or location): LINDEN AVE

C. Length of stay: Baltimore 75 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE # 29
D. STREET ADDRESS (If rural, give location): 736 EDGEWOOD ST 16-F

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7th OCT 1873 ??
9. AGE (In years last birthday): 75 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker
10B. KIND OF BUSINESS OR INDUSTRY: American Totalisator Co
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Anselm Ruppel
14. MOTHER'S MAIDEN NAME: Elenora Yakel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
16. SOCIAL SECURITY NO: —

17. INFORMANT: Mrs Dorothy M. Ruppel ADDRESS: 736 Edgewood St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) GASTROINTESTINAL HEMORRHAGE, MASSIVE — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) MULTIPLE (3) PRE-PYLORIC PEPTIC ULCERS, WITH EROSION THROUGH A GASTRIC VESSEL — 10 YRS ??

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) CARDIAC HYPERTROPHY — ?
ATROPHIC RIGHT KIDNEY — ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 MAR 1949 *to* 24 MAR 1949 *that I last saw the deceased alive on* 24 MAR 1949, *and that death occurred at* 8 25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald F. England M.D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: Collins St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

117a

G72747

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43.

G72747

Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Bertie Sturgeon

2. DATE OF DEATH March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland [redacted]

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

c. Length of stay in Baltimore Yrs. Life. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 20-8
D. STREET ADDRESS (If rural, give location) 370 Collins Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months / Days	If Under 24 Hours Hours / Min.
F	W	W	July 16 1881.	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Connelly

14. MOTHER'S MAIDEN NAME Sally Crapster.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT Family - Jane ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Oedema

DUE TO

(B) Acute Cardiac Failure

DUE TO

(C) Hypertensive Heart Disease

II
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Possible Coronary Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 21, 1949, *to* March 22, 1949 *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 8 45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE D. J. Shanahan M. D.

23B. ADDRESS Bon Secours Hosp.

23C. DATE SIGNED 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 3/26/49

24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.

24D. LOCATION (City, town, or county) (State) 3201 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR James L. McCurley ADDRESS 1305 Fulton.

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72748

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G72748

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) **Joseph E. Schultz**	2. DATE OF DEATH **3/22/49**
3. PLACE OF DEATH: A. **Baltimore City, Maryland** 402 E. Fort Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Md** B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore.**
c. Length of stay in Baltimore **Life** (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location) **402 E. Fort Ave.** 24-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	M	II/I7/I883	65	4	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	**Bendix**	**Baltimore**	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick	**Amelia**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		**Family - Same**	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)

(A) **Hypertensive Cardiovascular disease** DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **cerebral salerosis** DUE TO

(C) **myocarditis chronic**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/20 19**49** *to* 3/22 19**49** *that I last saw the deceased alive on* 3-3 19**49**, *and that death occurred at* 9**30** *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Rubin M. D.	**203 Caledonia ave**	**3/24/49**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	**3/25/49**	**Cedar Hill**	**Brooklyn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	**James L. McCully**	**130 E. Fort Ave.**

VS 150

93D

CERTIFICATE CORRECTED 4-4-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G72749 — Registered No. G72749

1. NAME OF DECEASED (Type or Print): HARRY ERNEST FRANKHOUSE or FRANKHOUSER

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 842 S. Bond Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-2
D. STREET ADDRESS (If rural, give location): 842 South Bond Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 1 Day: Hours	Min.
male	white	MARRIED	April 6, 1907	41				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
chauffer	truck	Newton Hamilton, Pa.	

13. FATHER'S NAME: Jacob Frankhouse

14. MOTHER'S MAIDEN NAME: Edith May Pleighton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Helen May Frankhouse — ADDRESS: 842 S. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Emil Rose M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	March 25, 1949	New Cathedral Cemetery	Frederick Rd Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Curtis to Williams, M.D.	Frank Della Noce	~~322~~ S. High St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13B

Name: Stork G72750 CERTIFICATE CORRECTED 2-51 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 G72750

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lieut. William Boteler (Stork)

2. DATE OF DEATH 3-20-49

3. PLACE OF DEATH
A. Baltimore City, Maryland 33 d Calvert

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Mem. Hosp

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md B. COUNTY Balt City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt City 27-14
D. STREET ADDRESS (If rural, give location) 417 Hawthorne Rd, Balt

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months / Days	If Under 24 Hours Hours / Min.
Male	White	Married	April 8, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USN Retired

10B. KIND OF BUSINESS OR INDUSTRY U.S. Navy

11. BIRTHPLACE (State or foreign country) Md. (Balto Md)

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mr. Charles A. Stork

14. MOTHER'S MAIDEN NAME Maria V. Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) At present & since 1895 (Navy)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Embolis DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Sclerosis DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 3-8-49

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Colon

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-22, 1949 *to* 3-20, 1949 *that I last saw the deceased alive on* 3-20, 1949 *and that death occurred at* 8.51 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Martin Jos Williams M. D.

23B. ADDRESS Union Memorial Hospital

23C. DATE SIGNED 3-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Mar 24 1949

24C. NAME OF CEMETERY OR CREMATORY at Sea

24D. LOCATION (City, town, or county) (State) Atlantic Ocean

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Stuvasti Morris Co. ADDRESS Balto.

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72[illegible]51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

415 G72751
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY McKNIGHT (McKNIGHT)

2. DATE OF DEATH: 3-22-49

3. PLACE OF DEATH: A. Baltimore City — Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MONUMENT ST. & RUTLAND AV. SINAI HOSP.
c. Length of stay in Baltimore: LIFE. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): STATE: MD. — COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3403 FOSTER AVE 26-9

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR. 22, 1902
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 46 / 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE-KEEPER
10B. KIND OF BUSINESS OR INDUSTRY: CONFECTIONERY
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WARREN McKNIGHT
14. MOTHER'S MAIDEN NAME: MARY SCHOMBORG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 52 040 4215
17. INFORMANT: FRANCES J. McKNIGHT — ADDRESS: 3403 FOSTER AV

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Thrombosis
DUE TO
(B) Embolism
DUE TO
(C) Rheumatic C.V.D

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-49 19__, to 3-22, 1949 that I last saw the deceased alive on 3-22, 1949 and that death occurred at 4:15 p m., from the causes and on the date stated above.

23A. SIGNATURE: Merle D. Scher M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3-25-49.
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM.
24D. LOCATION (City, town, or county) (State): 4430 BEL AIR RD. BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1949
REGISTRAR'S SIGNATURE: Henrietta for Williams, M.D.
25. FUNERAL DIRECTOR: Charles D. Zeiler — ADDRESS: 901 S. Conkling St.

93c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G727:52 ✓ + 4 no. 1 G727:52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNIE, ACKERMAN

2. DATE OF DEATH March 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
South Baltimore General Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena
D. STREET ADDRESS (If rural, give location) Greenhaven

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
female	white	married	July 23, 1897	51				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Centerville, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Graves

14. MOTHER'S MAIDEN NAME Elma Van Cuyven

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Walter Ackerman ADDRESS Greenhaven

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE (WAS PRIMARY ☐ OR CONTRIBUTING ☐) CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE Wm. G. Helfrich per: Earl L. Ryan M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED March 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE March 26, 1949

24C. NAME OF CEMETERY OR CREMATORY Glen Haven

24D. LOCATION (City, town, or county) (State) Glen Burnie, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Thomas W. Singleton - Glen Burnie ADDRESS

VS 151

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 903.0 G72753

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) RACHEL A. PHILLIPS — N-930.0

2. DATE OF DEATH 3/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
c. Length of stay in Baltimore 8 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Upperco P.O.
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED), DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white		aug 7-1861	87				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	USA

13. FATHER'S NAME John W. Gist

14. MOTHER'S MAIDEN NAME Anne Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Dolsie Benson ADDRESS Upperco Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) pulmonary embolism
DUE TO
(B) fractured hip
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
A. B. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Upperco P.O. Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) March 11 1949 7 m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Slipped and fell on the porch (to Floor)

22. I hereby certify that I attended the deceased from 3/16 1949 to 3/24 1949, that I last saw the deceased alive on 3/23 1949, and that death occurred at 6:15 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James A. Brennan M. D.	University Hospital	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-26-49	Finkelsburg	Carroll Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Edw C Tipton	Hampstead Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

186a

G727:54

G727:54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL L. PEASTER

2. DATE OF DEATH: Mar. 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3201 Tyndale Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3201 Tyndale Ave. 27-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	May 24, 1888	60 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist	P. R. R.	Baltimore, Md.	

13. FATHER'S NAME: Robert J. Peaster

14. MOTHER'S MAIDEN NAME: Emma V. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Mary J. Peaster	3201 Tyndale Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Carcinoma of Pancreas.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Myocardial Insufficiency.

INTERVAL BETWEEN ONSET AND DEATH: 7 mon.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1948	Carcinoma of Pancreas.	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 10 49 *to* March 23 49, *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John A. Pelenuch M. D.	1337 S. Charles St.	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Mt. Olivet	Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Washington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

150

469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G72755 G72755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): ROBERT HOCKADAY
2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 Harwood Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 516 Harwood Ave. 27-48

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Married	Jan. 9, 1878	71 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Liverpool, England	

13. FATHER'S NAME: Daniel Hockaday
14. MOTHER'S MAIDEN NAME: Agnes Turcan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Mr. Robert H. Hockaday	516 Harwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 4 Month.

(B) Arteriosclerotic Cardio Vascular Disease — DUE TO — 2 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 19 46 *to* 23 March 19 49 *that I last saw the deceased alive on* 22 March 19 49 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles H Keir M. D.	6701 York Rd Balto 12	24 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Govans Presbyterian	Govans, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	[illegible] for Williams, M.D.	WM. J. TICKNER & SONS,	Balto., Md.

46 F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72756 ✓ 44.1 G72756

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Florence Ethel Gees Richards

2. DATE OF DEATH Mar 23 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp. Women Maryland

c. Length of stay in Baltimore — Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 442 E. 20th St 12-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Wid	May 19 1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Bureau Bldg. Inspec.	Maryland (Balto.)	U.S.A.

13. FATHER'S NAME William F. Gees

14. MOTHER'S MAIDEN NAME Bessie K. Dunnigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—			Mrs. Bessie F. Ewald	(16 Virginia Ave. (Cumberland, Md.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 24 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Coronary Occlusion — 24 days
DUE TO (C) Coronary Sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb - 27, 1949, *to* Mar - 23, 1949, *that I last saw the deceased alive on* Mar. 23, 1949, *and that death occurred at* 10 1/2 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	Hosp. Women Maryland	Mar - 23 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Mt. Olivet Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

94a

G727:57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4ro

G727:57 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Leo James Dunn

2. DATE OF DEATH: 23 Mar. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5019 E. Biddle St.
c. Length of stay in Baltimore: 7 Years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Marylan d
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-44
D. STREET ADDRESS (If rural, give location): 5019 E. Biddle Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	July 24, 1906	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
maintenance	Eastern, Venetian, Plymouth	Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Leo Dunn	Agnes McBride

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
	18F 03-7729	Mary D. Dunn (Nee Lehman

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO

ACCIDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. T. Kammer, Jr. M.D.		23 Mar. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 26, 49	St. Marys Cemetery	Hilton Boro, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Joseph Farace Inc 944 2013 Fremont Ave

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G727:58 331 G727:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Elizabeth Earnest

2. DATE OF DEATH 3/23/49 — 1:40 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1403 N. Milton Ave

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1403 N. Milton Ave

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 3/21/1871
9. AGE (In years last birthday) 78
If Under 1 Year: Months — Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Christie
14. MOTHER'S MAIDEN NAME Margaret (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Margaret M. Grasser 1406 Lakewood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 10 Days
DUE TO
(B) Arteriosclerosis - Hypertension — Interval between onset and death: Unknown

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 May, 1949 *to* 23 May, 1949, *that I last saw the deceased alive on* 23 May, 1949, *and that death occurred at* Noon m., *from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.
23B. ADDRESS 1513 N. Milton Ave
23C. DATE SIGNED 24 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/25/49
24C. NAME OF CEMETERY OR CREMATORY London Park
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

VS 150

83a

G727559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-1

G727559 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM J. FRAZIER

2. DATE OF DEATH: 3/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 910 MONTPELIER ST
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE
B. COUNTY: MD.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 910 MONTPELIER ST. 9-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	MARRIED	8/11/85	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER	OWN	WASHINGTON D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES FRAZIER	FRANCES E. CURTIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	246-09-7058	MARY A. FRAZIER	910 MONTPELIER ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

A

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 10, 1948 *to* Mar. 23, 1949 *that I last saw the deceased alive on* Mar. 23 1949 *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward J. Brickley M. D.	1331 Mott ave	3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3/26/49	NEW CATHEDRAL	BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 S. Paul St.

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72760

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Edward E. Lambert

2. DATE OF DEATH 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6010 Pinehurst Rd

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3709 S. 4th St. Brooklyn
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) " 25-14
D. STREET ADDRESS (If rural, give location) " " " " "

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH about 1865

9. AGE (Last birthday) about 84 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY Cabinet Maker

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Samuel J. Lambert

14. MOTHER'S MAIDEN NAME Catherine J. (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Harry P. Shaffer Jr. ADDRESS 6010 Pinehurst Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

DUE TO

(B) Arteriosclerosis & Renal Failure — 12 Yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21 19 49 *to* 3/22 19 49 *that I last saw the deceased alive on* 3/21 19 49 *and that death occurred at* 11:25 *a.* m., *from the causes and on the date stated above.*

23A. SIGNATURE H. E. O'Donnell M. D.

23B. ADDRESS 721 York Rd

23C. DATE SIGNED 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/25/49

24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet

24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

VS 150

97

G72761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72761

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmira Sweeten

2. DATE OF DEATH: March 24 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

c. Length of stay in Baltimore: Yrs. 4 Mos. mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hanover
D. STREET ADDRESS (If rural, give location):

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (Widowed)

8. DATE OF BIRTH 9. AGE (In years last birthday): 86 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hood
14. MOTHER'S MAIDEN NAME: Sanlom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic C V disease

DUE TO (B) as a result of pulmonary edema from myocardial failure

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?: —

22. I hereby certify that I attended the deceased from 3-21, 19 49 to 3-24, 19 49 that I last saw the deceased alive on 3-23, 19 49 and that death occurred at 12:40 m., from the causes and on the date stated above.

23A. SIGNATURE: John E Evans M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 26/49
24C. NAME OF CEMETERY OR CREMATORY: Meadville
24D. LOCATION (City, Town, or County) (State): Elkridge Howard Md

EMBALMED LOCATION: —
REGISTRAR'S SIGNATURE: Countersigned for Williams, MD
25. FUNERAL DIRECTOR: C. Raymond Evans
ADDRESS: 14 N Charles

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 3

Registered No. G72762

BIRTH NO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Frances A. Cook

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1662 Bruce Court
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1662 Bruce Court

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 12, 1876
9. AGE (In years last birthday): 72 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Dorsey
14. MOTHER'S MAIDEN NAME: Catherine Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Mary Vandefford ADDRESS: 1662 Bruce Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia	3
ANTECEDENT CAUSES DUE TO (B)	Nephritis,Gl.	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Congestive heart failure	?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None	

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify, that I attended the deceased from* Feb. 6, 1949, *to* March 22, 1949, *that I last saw the deceased alive on* March 21 1949, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. McDonald. M. D.
23B. ADDRESS: 844 N. Carey St. Balt. Md.
23C. DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-26-49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Frances A. Hendley W. Biddle
ADDRESS: 515

VS 150

1316

672763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

672763

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) DONALD · KIRBY

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH: A. Baltimore City, Maryland WEST BALTIMORE GENERAL Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 3108 Keswick Rd 13 05

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S | 8. DATE OF BIRTH Nov 13 - 1935 | 9. AGE (In years last birthday) 13 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis L Kirby | 14. MOTHER'S MAIDEN NAME Emma Cromwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT Louis L Kirby | ADDRESS 3108 Keswick Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lower Nephron Nephroses

DUE TO

(B) Septicemia, Lobar Pneumonia

DUE TO

(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22, 1949, *to* 3/23, 1949 *that I last saw the deceased alive on* 3/23, 1949, *and that death occurred at* 9:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Benjamin Berkman M. D. | 23B. ADDRESS West Baltimore Gen'l Hosp | 23C. DATE SIGNED 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE Mar 26-49 | 24C. NAME OF CEMETERY OR CREMATORY Woodlawn | 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Frank T Leith | ADDRESS 814 W 36th St

VS 150

108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and correct age is especially important.

G72764

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING
Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)	ELLA MINERVA STRICKLEN
2. DATE OF DEATH	March 22, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	2 York Court
C. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Balto.
D. STREET ADDRESS (If rural, give location)	2 York Court 12 01
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	widow
8. DATE OF BIRTH	Oct. 26, 1862
9. AGE (In years last birthday)	86 yrs.
If Under 1 Year: Months, Days	
If Under 24 Hours: Hours, Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	-
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	West River, Md.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Steven Linthicum
14. MOTHER'S MAIDEN NAME	Sara Sherbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	-
(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	
17. INFORMANT	Mr. R. W. Gallon, Jr.
ADDRESS	2 York Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO

(B) Chronic Myocarditis & arteriosclerosis — 10 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?	YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.
21E. INJURY OCCURRED	WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* JAN. 2, 1949 *to* MAR. 22, 1949, *that I last saw the deceased alive on* MAR. 22, 1949, *and that death occurred at* 12.30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	Lloyd E. Saylor M. D.	23B. ADDRESS	3902 Greenmount Ave.
23C. DATE SIGNED	Mar. 23, 1949		
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE	3/24/49
24C. NAME OF CEMETERY OR CREMATORY	Loudon Park	24D. LOCATION (City, town, or county) (State)	Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	MAR 24 1949	REGISTRAR'S SIGNATURE	Huntington Williams, M.D.
25. FUNERAL DIRECTOR	Wm. J. TICKNER & SONS	ADDRESS	Balto., Md.

VS 150

93D

G72765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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G72765

BIRTH NO. | Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): EMORY ALLAN CRAIG

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cambridge Arms Apts.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Cambridge Arms Apts. 1-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	June 8, 1874	74 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
President	Chesapeake MarineRR	Dorchester Co., Md.	

13. FATHER'S NAME: James W. Craig

14. MOTHER'S MAIDEN NAME: Julia C. Cooke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO: 216-01-4111

17. INFORMANT: Mrs. Maud K. Craig — ADDRESS: Cambridge Arms Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Infiltrating Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: since Aug 6-1946
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 13/48	Carcinoma of bladder	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 6/46, 19__, *to* March 22, 1949 *that I last saw the deceased alive on* March 21, 1949, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter S. Hebbett M. D.	2220 Garrison Blvd	March 24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/25/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Pennington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

52 B

G72766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72766

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JULIA L. MILLER

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4112 Edmondson Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 4112 Edmondson Ave. 16 08

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 10, 1874
9. AGE (In years last birthday) If under 1 year: Months, Days; If under 24 hours: Hours, Min.: 74 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired School teacher
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph H. Miller
14. MOTHER'S MAIDEN NAME: Elizabeth C. Maxwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Helen O'Brien ADDRESS: 776 Edgewood St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO
(B) Arteriosclerotic cardiovascular dis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 1948 *to* March 23, 1949 *that I last saw the deceased alive on* 3/22/ 1949, *and that death occurred at* 7.30A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: George A. Kuper M. D.
23B ADDRESS: 3030 Edmondson Avenue.
23C DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/25/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Huntington Hillemeyer, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G722767

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G722767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)	MARY CHARLOTTE PURKS
2. DATE OF DEATH	March 24, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1720 E. 30th Street
C. Length of stay in Baltimore (Yrs. Mos. Days)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1720 E. 30th Street 9-06
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	March 20, 1879
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.	70 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	hpusewife
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Mahlon Hopwood
14. MOTHER'S MAIDEN NAME	Anna Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	no
16. SOCIAL SECURITY NO	none
17. INFORMANT / ADDRESS	Mrs. W. Aubrey Maccubbin-2730 Fenwick Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocardial Insufficiency	1 year
DUE TO (B)	Arteriosclerotic Cardio-Vascular Disease	?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chronic Glomerulo-Nephritis	2 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* March 24, 1949, *that I last saw the deceased alive on* March 23, 1949, *and that death occurred at* 7:20A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	Dr. W. Zimmerman M. D.	23B. ADDRESS 2858 Harford Rd.
23C. DATE SIGNED	24 Mar. 49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE 3/26/49
24C. NAME OF CEMETERY OR CREMATORY	Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	MAR 25 19	REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS	WM. J. TICKNER &SONS	Balto., Md.

VS 150

131R

G72708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72708

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) THOMAS OWINGS POLK

2. DATE OF DEATH March 22, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland University of Md. Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1211 Bolton Street 11-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	Dec. 28, 1879	69				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
real estate		Sykesville, Md. (rural)	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Trusten Polk	Louisa Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Albert S. Polk	428 Dunkirk Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-Sclerotic

DUE TO

(B) C. V. Disease

DUE TO

(C)

ANTECEDENT CAUSES

II
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		March 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-25-49	Springfield	Sykesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Huntington Williams, M.D.	John O. Mitchell & Sons, Inc.	1900 Eutaw Pl.

Malcolm B. Mitchell

VS 151

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 Registered No. G72769

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): George A. Marlow

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 26 E. Lanvale St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay: 75 Yrs. Baltimore Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 26 E. Lanvale St. 12-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	single	Aug. 24, 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince George Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James H. Marlow

14. MOTHER'S MAIDEN NAME: Dora Rowe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: C. Lester Marlow, Jr.-4414 Marble Hall Rd. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure; asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Benign prostatic hypertrophy — ?

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Mar, 1949, *to* 22 Mar, 1949, *that I last saw the deceased alive on* 15 Mar., 1949, *and that death occurred at* 2:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Nesbitt, Jr. M. D.

23B. ADDRESS: 20 E. Preston St.

23C. DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 3/25/49

24C. NAME OF CEMETERY OR CREMATORY: Lorraine

24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Pl.

Malcolm B. Mitchell

VS 150

Lt. Nesbitt

937

G72770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72770

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss MARGARETTA JANE SPEERS

2. DATE OF DEATH 3-24-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital 33rd & Calvert
C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1620 Eutaw St. 14

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	S	Jan 11, 1862	87	2 / 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NOT KNOWN	Illinois	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SOLOMON P. SPEERS	MARGARETTA. SPEERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, npr unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
No		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular accident
DUE TO
(B) Hypo prothrombinemia
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 18 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6-49, 19__, *to* 3-24-49, 19__, *that I last saw the deceased alive on* 3-24-49, 19__, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James McC. Finney M. D.	Union Mem. Hosp.	3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Mt. Olivet Cem	Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 25 1949	Huntington Williams, M.D.	Chas P. Towell 2427 Edmondson Ave

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

CERTIFICATE CORRECTED 3/30/49 yr. 1 G72771

1109 N. Calvert St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)	CAROLINE C. WERNIG
2. DATE OF DEATH	Mar. 24, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	3704 Greenmount Avenue
c. Length of stay in Baltimore (Yrs. Mos. Days)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	3704 Greenmount Avenue 12-01
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	widowed
8. DATE OF BIRTH	Mar. 24, 1878
9. AGE (In years last birthday) / If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.	71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	at home
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	John Jos. Hauhn
14. MOTHER'S MAIDEN NAME	Elizabeth Grippe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	Mrs. Mary E. ~~Rohlhepp~~ WERNIG
ADDRESS	3704 Greenmount

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Few years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1949 *to* 3-24, 1949, *that I last saw the deceased alive on* 3-24, 1949 *and that death occurred at* 10:55A *m., from the causes and on the date stated above.*

23A. SIGNATURE	A. A. Forssman, M. D.	23B. ADDRESS: 1109 N. Calvert St
23C. DATE SIGNED	3-24-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE: 3-28-49
24C. NAME OF CEMETERY OR CREMATORY	New Cathedral	24D. LOCATION (City, town, or county) (State): Baltimore, Md.
DATE RECEIVED LOCAL REGISTRAR	MAR 25 1949	REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR / ADDRESS	Leonard J. Ruck, 5305 Harford Road.	

Vs 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93)

G727 72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 Registered No. G727 72

BIRTH NO. B.C.H.-63920

1. NAME OF DECEASED (Type or Print): William Jones

2. DATE OF DEATH: March 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. General Hosp.
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 118 E. Montgomery Street 2 2 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White		Dec. 4, 1945	2	3	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME: Charles H. Jones
14. MOTHER'S MAIDEN NAME: Clara M. Cramer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles H. Jones ADDRESS: 118 E. Montgomery

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)	(A) Bronchopneumonia	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* ~~natural causes~~ [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: arch 25/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Highway Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Krause Funeral Home ADDRESS: 1216 S. Charles St

VS 151

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72773 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 G7277.3 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Helen Gertrude Fairbank

2. DATE OF DEATH: Mar 25 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 4307 Liberty Hgts Av.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 66 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4307 Liberty Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	May 28 1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home.		Baltimore Md	

13. FATHER'S NAME: Thomas Kernan

14. MOTHER'S MAIDEN NAME: Mary A. Quinn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Francis P. Fairbank 4307 Liberty Hts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	6 days.
DUE TO (B)	Generalized Arterio-Sclerosis	5 yrs.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March - 18, 1949, *to* March - 25, 1949, *that I last saw the deceased alive on* March - 24, 1949, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Earl L. Chambers M. D.	4108 Liberty Hts. Av	3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 28 1949	Woodlawn	Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Huntington Williams, M.D.	Henry J. Armacost	4204 Ridgewood Av

VS 150

829

G727.14

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G727.14

BIRTH NO. B.C.49-07794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): MICHAEL JOSEPH REINHART

2. DATE OF DEATH: 22 March 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp. Dept. of Obstetrics & Gynecology Lt Baltimore Md
C. Length of stay in Baltimore: 36 hours (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2018 Hollins St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	single	3-20-49		— / 1	12 / —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman Reinhart	Nina Conrad

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT (Address): Hospital Records Mercy Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I
(A) Atelectasis
DUE TO
(B) Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Sclerema

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 20 March, 1949, to 22 March, 1949, that I last saw the deceased alive on 22 March, 1949, and that death occurred at 11:45 a.m., from the cause and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. M. Bacon Jr. M. D.	Mercy Hospital Balto Md	22 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-25-49	Holy Redeemer	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Huntington Williams, M.D.	Wiedefeld & Son	Greenmount & 22nd St.

VS 150

159

G72775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72775

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANTONIE BURES (Buresch)

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 811 N. Rose St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 811 N. Rose Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
female	white	widowed	7/28/1869	79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	NONE.	Czechoslovakia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Pronek	Anna Kysel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	NONE.	Mrs. Angela Petr - 811 N. Rose St. (dght)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hypostatic Pneumonia	3/21 - 3/24
DUE TO (B)	Chr. Myocarditis	3-1-45
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST — DUE TO (C)	Generalized Arteriosclerosis	1/1939
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 1, 1948 *to* March 24 1949 *that I last saw the deceased alive on* March 24, 1949 *and that death occurred at* 3:23 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Rymarek M.D.	8016 Kenwood Ave	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/27/49	Oak Hill	Horner's Lane, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 25 1949	Huntington Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G7277.6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

G7277.6

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Rosa Powell Brown

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH: A. Baltimore, City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1305 Edmondson Av

C. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1305 Edmondson Av

5. SEX: F
6. COLOR OR RACE: col.
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify):
8. DATE OF BIRTH: 8-5-1887
9. AGE (In years last birthday): 61 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Swailes
14. MOTHER'S MAIDEN NAME: Edith Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Edith Brooks ADDRESS: 1305 Edmondson Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of rectum — DUE TO
INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Nov. 48
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1948 *to* Mar 22, 1949 *that I last saw the deceased alive on* 3/20, 1949 *and that death occurred at* 3 55 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [redacted] ADDRESS: [redacted] BROWNE, M.D. MADISON ST.
23C. DATE SIGNED: 3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar 26, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams ADDRESS: 322 N

VS 150

467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D.O.A. -49

G72777

BIRTH NO. B.C.49-14197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 490

Registered No. G72777

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly answered. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Shelia Elane Alston

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore D.O.A. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Dundalk
D. STREET ADDRESS (If rural, give location) 551 New Pittsburgh Avenue

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH 6-29-48 | 9. AGE (In years last birthday) 9mos. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charlie Alston

14. MOTHER'S MAIDEN NAME Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT 4940 Eastern Ave. Records-Baltimore City Hospitals

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar Pneumonia — Interval between onset and death: 1 Day?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO CERTIFICATION APPROVED BY William H. Helfrich, M.D. Per A. L. Merrill M. D.
(C) CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on Arrival *to* Dead on Arrival *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* Dead on Arrival at 2.25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS Baltimore City Hospitals | 23C. DATE SIGNED 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE Mar 26, 1949 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn | 24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1949 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR Mrs Katie R. Williams | ADDRESS 322 N Schroeder

VS 150 TO BE APPROVED BY THE MEDICAL EXAMINER

108

G727.8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1

G727.8

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): JOHN JAMES GREIFZU

2. DATE OF DEATH: Wednesday March 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. General Hospital

c. Length of stay in Baltimore: Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1402 Hanover Street 23-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Divorced	Feb 26, 1896	53	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): World War I Pensioner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Greifzu
14. MOTHER'S MAIDEN NAME: Elizabeth Dreppel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Frederick Greifzu ADDRESS: 3364 Falconwood Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Duration: Hours 16, Days 21, Mos.)

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Artery Disease	
DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE, WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Thos. G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 25 1949
24C. NAME OF CEMETERY OR CREMATORY: Balto. U.S. National Cem.
24D. LOCATION (City, town, or county) (State): Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Lillian Washington Williams, M.D.
25. FUNERAL DIRECTOR: Howard Evans ADDRESS: 1402 Hanover St Baltimore 30 Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G727.9 E890.0 G727.9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 96193 Richard — Registered No.

1. NAME OF DECEASED (Type or Print): DONALD / BOUNDS, Jr. N961.0

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2539 Calvert Heights Avenue
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2539 Calvert Heights Avenue 16 05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	single	Dec. 5, 1947	1 year		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-		Baltimore, Md.	

13. FATHER'S NAME: Donald Richard Bounds, Sr.

14. MOTHER'S MAIDEN NAME: Thelma Mounts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
-		

17. INFORMANT: Mr. Donald R. Bounds, ADDRESS 2539 Calverton Hgts. Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to inhalation of illuminating-gas.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	2539 Calvert Heights Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 24, 1949 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Burners on stove on but unlit

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 151

178a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72780 Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ~~Edward~~ William Souders

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2646 Hampden Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2646 Hampden Avenue 12-07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 16, 1876
9. AGE (In years last birthday): 73 yrs. If under 1 year: Months, Days. If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Stevedoring Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. A. Souders
14. MOTHER'S MAIDEN NAME: Alice Angel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Robert L. Doyle ADDRESS: 2646 Hampden Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH?
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George A. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/28/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto. Md.

VS 151

93D

G72781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72781

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Caroline A. Carey

2. DATE OF DEATH 3/23/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3621 Gelston Drive

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3621 Gelston Drive 16-08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 19, 1870
9. AGE (In years last birthday): 78 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick C. Huesman
14. MOTHER'S MAIDEN NAME: Margaret Brightner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Mrs. Edith Wiley, 3621 Gelston Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism — (Interval between onset and death) 12 hours
DUE TO
(B) Chronic Auricular Fibrillation — Years
DUE TO
(C) Fatty Adenoma of Thyroid — Years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE GIVEN CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized Arteriosclerosis. Hypertension, Cert — Years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 March, 1949, *to* 23 March, 1949, *that I last saw the deceased alive on* 23 March, 1949, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert J. Nolan, M.D. M. D.
23B. ADDRESS: 5804 Edmondson Ave. #28
23C. DATE SIGNED: 25 March 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/26/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral, 4300 Old
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry L. Rintzel
ADDRESS: 4101 Edmondson Ave.

63B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72782

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G72782

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the causes of death clearly and indelibly.

1. NAME OF DECEASED (Type or Print) Nicholas A. Kraning

2. DATE OF DEATH 3/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 83 S. Morley St.

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 83 S. Morley St. 20 07

5. SEX Male | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 3, 1869 | 9. AGE (In years last birthday) 79 | If under 1 Year: Months, Days | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman

10B. KIND OF BUSINESS OR INDUSTRY B. V. D. Corp.

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Kraning

14. MOTHER'S MAIDEN NAME Mary--------unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212 16 8539

17. INFORMANT WIFE ADDRESS Sarah Kraning 83 S. Morley St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

(B) General Arteriosclerosis & Coronary Insufficiency — 3 Years

DUE TO

(C)

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Mo.) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 19 49 *to* 3/23, 19 49 *that I last saw the deceased alive on* 11a, 1949, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE Elias Goldenson M. D. | 23B. ADDRESS 3432 Druid Park | 23C. DATE SIGNED 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 3/26/49 | 24C. NAME OF CEMETERY OR CREMATORY New Cathedral, 4300 Old | 24D. LOCATION (City, town, or county) (State) Frederick Rd., Balto. MD.

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Harry H. Witzke | ADDRESS 4101 Edmondson Ave.

VS-150

94a

G72783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5 9 ✓

G72783 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM T. HUBBARD

2. DATE OF DEATH 3-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2735 E. MONUMENT ST

c. Length of stay in Baltimore Yrs. Mos. Days 1 LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location) 2735 E. MONUMENT ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	White	MARRIED	FEB-1-1858	90		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MARYLAND	

13. FATHER'S NAME BARTHOLMOUS HUBBARD

14. MOTHER'S MAIDEN NAME JOHANNA MULLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		KATHERINE HUBBARD	2735 E Monument St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROSIS — Interval between onset and death: 12 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) CHR INT NEPH — 5 YRS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE, 1944, *to* MAR 24, 1949, *that I last saw the deceased alive on* MAR 24 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
James J. Kavanagh M.D.	3014 McElderry St	3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-28-49	OAKLAWN	BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	John A. Moran	1600 E. Balto St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 72784 ✓ X G 72784 G72784

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

Registered No. G 72784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): FLORENCE MORTON DEDEL

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lutherville
D. STREET ADDRESS (If rural, give location): Greenspring Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Mar. 20, 1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Philadelphia, Pa.	

13. FATHER'S NAME: Frank Scot

14. MOTHER'S MAIDEN NAME: Rose May Dalrymple

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
No		George A. Dedel, Lutherville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage,

DUE TO (B) Spontaneous

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Hypertension C. V. Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [✓], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Earl Royer M.D.	[ ] / [X] / [ ]	3-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 26, 1949	Sater's Cemetery	Lutherville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 26 1949	Huntington Williams, M.D.	John Burns' Sons, Towson, Md.

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9-D

G72785

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72785 Registered No.

1. NAME OF DECEASED (Type or Print): DOUGLAS WILLIAMS

2. DATE OF DEATH: March 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore: Yrs. 24 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Montgomery
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksburg
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Div.	8/1/93	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab. Technician

10B. KIND OF BUSINESS OR INDUSTRY: NIH-Bethesda, Md.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles D. Williams

14. MOTHER'S MAIDEN NAME: Columbia Mc Gruder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 725-07-2285

17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)

(A) Postoperative state - resection head of pancreas for biliary obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3/22/49

19B. MAJOR FINDINGS OF OPERATION: Jaundice. Cyanosis of common bile duct. Entire pancreas indurated. Stony hard nodule head of pancreas.

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1949 to Mar. 25, 1949, that I last saw the deceased alive on Mar 25, 1949 and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE: John L. Wilson, M. D.

23B. ADDRESS: Us Marine Hospital, Balto, Md.

23C. DATE SIGNED: 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Mar 27/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

24D. LOCATION (City, town, or county) (State): Frederick Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Henry E Early Co ADDRESS: Frederick Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

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G72786

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72786

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Mr. Thomas Ralph Saylor

2. DATE OF DEATH 3/24/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 18 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Frederick
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Walkersville
D. STREET ADDRESS (If rural, give location)

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 15 1879 | 9. AGE (In years last birthday) 69 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ezra Saylor

14. MOTHER'S MAIDEN NAME Talitha Andrus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs Dosie Saylor ADDRESS Walkersville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Carcinoma of Prostate 2 metastases

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3/11/49

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate - metastases

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-[illegible]6, 1949, *to* 3-24, 1949, *that I last saw the deceased alive on* 3-24, 1949, *and that death occurred at* 10:50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Marshall H. Carrier Jr. M. D.

23B. ADDRESS Union Memorial Hospital Balto

23C. DATE SIGNED 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/27/49

24C. NAME OF CEMETERY OR CREMATORY Mt. Hope

24D. LOCATION (City, town, or county) Woodsboro, (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Md.

51B

G72787 ✓ G72787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

593 Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Agnes Morris Harbaugh

2. DATE OF DEATH: 3/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 Madison Ave.
C. Length of stay in Baltimore: 35 Years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 1102 Riggs Ave. 16-01

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1884
9. AGE (In years last birthday): 65 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Douglass
14. MOTHER'S MAIDEN NAME: Jeanette Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. David W. Harbaugh ADDRESS: 1102 Riggs Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO
(B) Nephritis — Unknown
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 2-18-, 1949, *to* 3-27-, 1949 *that I last saw the deceased alive on* 3-22-, 1949, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: David A. Saunders M.D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/26/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1631 D. H. Ave.

VS 150

131 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72788
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY COLDS

2. DATE OF DEATH March 23, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1608 E. Pratt Street

b. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1608 East Pratt Street 3-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	colored	M	March 29, 1917	31				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Halifax Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Willie Crews
14. MOTHER'S MAIDEN NAME Minnie Womack
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Colds ADDRESS 1608 E. Pratt St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary edema
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatty degeneration of liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE William J. McClafferty, M.D. M.D.
William J. McClafferty
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED March 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-27-49	New Zion Cemetery	Halifax Co., Virginia

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson, 1000 Brantly Avenue

VS 151

1240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully worked out. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4/4/49

G72789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72789

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANDREW B. JOHNSTON

2. DATE OF DEATH 3-22-49

3. PLACE OF DEATH A. Baltimore City Maryland 720 E. Fort Ave (If not in hospital or institution, give street address or location)

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location) 720 E. Fort Ave 24 1 2

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 5-18-1866

9. AGE (In years last birthday) 82 83 If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Richmond VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Johnston

14. MOTHER'S MAIDEN NAME Mary L. Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO —

16. SOCIAL SECURITY NO 218-12-0988

17. INFORMANT Margaret Kehs ADDRESS 709 E. Fort Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

DUE TO

(C) Cardiac Dilatation

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 2/1 1949 to 3/22 1949 that I last saw the deceased alive on 12 20 1949, and that death occurred at 5 30 m., from the causes and on the date stated above.

23A. SIGNATURE Wm Clark McKenna M.D.

23B. ADDRESS 14085 Charles St

23C. DATE SIGNED 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3-26-49

24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem

24D. LOCATION (City, town, or county) A.H. Co. (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Charles F. Hill ADDRESS 1501 E. Fort Ave

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72790 ✓ X G72790

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ascertained. Incorrect age is especially important. Physicians: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LOUIS EMANUELE TARSITANO

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: Yrs. 2 mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: NEW JERSEY
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PATTERSON
D. STREET ADDRESS (If rural, give location): 35 Ellison Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-11-40
9. AGE (In years last birthday): 8 — If under 1 Year: Months 3, Days 14 — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Paul Tarsitano
14. MOTHER'S MAIDEN NAME: Florence Geto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Not
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Glioma of 4 ventricle & invasion of brain stem & vermis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Internal hydrocephalus.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 months.

19A. DATE OF OPERATION: 3/24/49
19B. MAJOR FINDINGS OF OPERATION: Tumor of 4th ventricle & invasion of brain stem & vermis.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17-49, 19__, *to* 3-25-49, 19__, *that I last saw the deceased alive on* 3-25-49, 19__, *and that death occurred at* 4:50 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles H. Walt Jr. M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3/25-49
24C. NAME OF CEMETERY OR CREMATORY: [redacted]
24D. LOCATION (City, town, or county) (State): [redacted] Patterson NJ

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Arnold Feller Co. 322 S. High St.

VS 150

54a

G72791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G72791
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Maria Teresa Ciotola

2. DATE OF DEATH: March 23 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 335 S. Gilmor St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 40 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): ~~336 S. Gilmor~~ 335 S. Gilmor St 1903

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Jan. 29 1894	55	1	23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Flor. Lady		Castelpizzuto- Italy	

13. FATHER'S NAME: Carmine Di Benato

14. MOTHER'S MAIDEN NAME: Benedetta Romano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 217-01-1683

17. INFORMANT: Carmine Ciotola ADDRESS: 335 S. Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: immediate
DUE TO
(B) Hypertensive Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 27 Dec, 1948 *to* 23 Mar, 1949 *that I last saw the deceased alive on* 23 Mar, 1949, *and that death occurred at* 5:50 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. H. Bayless M. D.	600 Wilkens Ave	24 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 26/49	New Cathedral Cemetery	Old Frederick Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Frank Bellhouse	322 S. High St.

VS 150

93 D

G72792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72792 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ernest Belli

2. DATE OF DEATH March 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Ohio
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steubenville
D. STREET ADDRESS (If rural, give location) 1246 Oak Grove Ave.

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 4-12-97 | 9. AGE (In years last birthday) 51 | If under 1 Year: Months, Days | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Belli

14. MOTHER'S MAIDEN NAME Lucy Rossi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or No) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Intrathoracic hemorrhage, post-op	15 mins
DUE TO (B)	Pneumonectomy, right.	2 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Carcinoma of rt. lung	18 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Metastasis to mediastinal glands	

19A. DATE OF OPERATION 3/25/49

19B. MAJOR FINDINGS OF OPERATION Carcinoma of rt lung - metastases

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16 1949 *to* 3-25 1949 *that I last saw the deceased alive on* 3-25 1949 *and that death occurred at* 6 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE Milton Edgerton M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/29/49

24C. NAME OF CEMETERY OR CREMATORY Mt Calvary

24D. LOCATION (City, town, or county) (State) Steubenville Ohio

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Thomas for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Frank Dellagrace 322 S. High St Balto. Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

672793

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 672793

1. NAME OF DECEASED (Type or Print): ELLIS, HERMAN MERKER

2. DATE OF DEATH: 3/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 806 Stoll St. 25 04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~ ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 9/2/1895
9. AGE (In years last birthday): 53
If Under 1 Year: Months 6 Days 23
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Port Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Maritime Com.
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Merker
14. MOTHER'S MAIDEN NAME: Rose Robb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Esta D. Merker ADDRESS: 806 Stoll st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Ivers, M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR X
23C. DATE SIGNED: 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/28/49
24C. NAME OF CEMETERY OR CREMATORY: Morrland Park
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 1217 St. Paul St.

VS 151

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72734 ✓ X G72734

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 420

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Robert S. Bachelor Sr.

2. DATE OF DEATH: Mar. 25, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arbutus
D. STREET ADDRESS (If rural, give location): 5513 Rockleigh Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Married	7/24/1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor		Conn.	

13. FATHER'S NAME: Francis P. Bachelor

14. MOTHER'S MAIDEN NAME: Rebecca Holt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Mary K. Bachelor 5513 Rockleigh Dr. Arbutus

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES
(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* _____ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George A. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Woodlawn	Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Wm. Cook, Inc.	1217 St Paul St.

VS 151

94a

G72795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72795 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Antonino Pirrone

2. DATE OF DEATH: 3/25/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3543 Newland Ave

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 3543 Newland Ave 12-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	Jan 9th 1872	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired	Shoemaker	Italy	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincenzo Pirrone	Maria DeCola

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Vincent Pirrone	3543 Newland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia — Interval between onset and death: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis — 10 yrs.

DUE TO

(C) Cerebral Thrombosis — 13 days.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

causing hemiplegia (left)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1948 *to* Mar. 25, 1949 *that I last saw the deceased alive on* Mar. 25, 1949, *and that death occurred at* 10.55 Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lloyd E. Taylor M. D.	3902 Greenmount Ave.	Mar. 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Lorraine	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams M.D.	Wm Cook Inc.	617 St. Paul St.

VS 150

83R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G727796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

350

G727796 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH BERGER

2. DATE OF DEATH 3-24-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland 6 N. ELLWOOD AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 6 N. ELLWOOD AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
MALE	WHITE	MARRIED	7/12/1863	85	8	12		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10B. KIND OF BUSINESS OR INDUSTRY GROCER.
11. BIRTHPLACE (State or foreign country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME JOHN BERGER
14. MOTHER'S MAIDEN NAME ELIZABETH KUHN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT BARBARA BERGER ADDRESS 6 N. ELLWOOD Av

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atherosclerotic C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
DUE TO
(B) Myocardial Collapse & Failure — 3-20-49
DUE TO
(C) Burkemia' Syndrome — 6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. *I hereby certify that I attended the deceased from* Jan 2, 1943, *to* June 24, 1949 *that I last saw the deceased alive on* 3-23, 1949 *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	842 S. Ext Ave	3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-26-49.	SACRED HEART CEM	101 GERMAN HILL RD.

DATE RECEIVED BY LOCAL REGISTRAR	23. REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Charles L. Zeiler,	901 S. CONKLING ST

VS 150

93D

G72797 X G72797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baby Boy Fisher B

2. DATE OF DEATH March 4, 49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Severn
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White		March 2 49			2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	

13. FATHER'S NAME Leo L. Fisher

14. MOTHER'S MAIDEN NAME Christina Albert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) prematurity	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 22 1949 *to* March 24 1949 *that I last saw the deceased alive on* March 24 1949 *and that death occurred at* 2 45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3/26/49	Holy Rosary (cem	Balto County

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John H. Weber ADDRESS 49 S. 159 Chester St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as is especially important. Physician: please write the causes of death clearly and legibly.

G72798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72798

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Robert Clayton Filbey

2. DATE OF DEATH 3. 23. 49

3. PLACE OF DEATH
A. Baltimore City Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION 510 Maunde ave.
(If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25
D. STREET ADDRESS (If rural, give location) 510 Maunde ave 25-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
m.	wh.		3.3. 1901	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
painter	—	Baltimore	U.S.A.

13. FATHER'S NAME Edwin E. Filbey

14. MOTHER'S MAIDEN NAME Lydia F. Akehurst

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	216-05-6302	Mrs. D. Filbey	6000 Edmondson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral pulmonary tuberculosis, fulminating

DUE TO Pulmonary Tbc.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) —

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
Feb. 5. 49
March 23. 49

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, other bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Feb. 12 19 49 *to* 3. 23 , 19 49 *that I last saw the deceased alive on* 3.23 , 19 49 *and that death occurred at* 12 90 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry G. Cummings, M. D.	1045 Rockspring	3. 23. 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Cedar Hill	Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	John F. Denny, Inc.	715 Light St

VS 150

13B

Please write clearly, with unfading ink. Every item of information should be entered. Correct age is especially important. Physicians: please write the cause of death clearly and fully.

G72799
25-127487

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G72799

1. NAME OF DECEASED (Type or Print) Sallie J. Swinney

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals

C. Length of stay in Baltimore: 25 Yrs. (Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1019 Bennett Place

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Negro	Married	Nov. 6, 1903	45				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.C.	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		RECORDS*BALTO. CITY HOSPITALS	4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Congestive Cardiac Failure	1 Mo.
DUE TO (B)	Hypertensive Cardiovascular Disease	2 Yrears
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Uremia	2 Weeks

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-11, 1949, *to* 3-23, 1949, *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Avenue	3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 28 49	Mt Calvary	Cedar Hill

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	A. L. Halstead	918 Druid Hill ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-6-49

BIRTH NO 672800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 672800

1. NAME OF DECEASED (Type or Print): Susie B. ~~Cook~~ Clark

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 735 W. Franklin St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 735 W. Franklin St. 17-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Married	Dec. 17, 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U. S. A.

13. FATHER'S NAME: Brooks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mr. Frank Clark ADDRESS: 735 W. Franklin St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardio Vascular Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
N/S		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/6/48 *to* 3/29/49, *that I last saw the deceased alive on* 3/23/49, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wilbur Cissel M. D.	913 Cathedral St	3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	3-28-49	Arbutus Mem. Park	Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Mrs. Frances A. Humbert	578 W. Baltimore St

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 72801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E894 · Registered No. 072805

1. NAME OF DECEASED (Type or Print): ARNOLD TRETTON — N-969.0

2. DATE OF DEATH: March 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethlehem Steel Hospital, Key Highway
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Essex
D. STREET ADDRESS (If rural, give location): 329 ~~Homburg~~ Hornberg Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
male	white	married	Aug. 8 - 1912	36	7	15		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder	Beth Steel Co. (Key)	Balto. Co.	

13. FATHER'S NAME: John Tretton
14. MOTHER'S MAIDEN NAME: Bertha Yeger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	219-01-4812	Edna Campbell Tretton	329 Hornberg Ave. Essex

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, shock. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to carbon dioxide

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE — PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): boat

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Bethlehem Steel, Key Hiway S/S. Punta Delgada

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3. 23 49 5 p.m.

21E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR? Overcome by gas when pipe line suddenly was opened

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Emil Beyer M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	3/26/49	Zion Lutheran	Stemmers Run	Md.

DATE RECEIVED BY REGISTRAR: MAR 26 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: Essex

178 X

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72802

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Marie Elste

2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkenville Convalescent Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. B. COUNTY: md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1-02
D. STREET ADDRESS (If rural, give location): 3002 E. Pratt St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Widowed	Oct. 18-81	67	5 / 6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto, Md	

13. FATHER'S NAME: Wm. A. Kretschen

14. MOTHER'S MAIDEN NAME: Mary Gret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Edward Elste	3002 E. Pratt St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetes Mellitus — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerosis - uremia

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13, 1949 to March 24 1949 that I last saw the deceased alive on March 24, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. V. Harbold M. D.	4706 Harford Road	3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/30/49	Trinity Lutheran	Joppa, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Clayton Williams M.D.	John S. Connelly	Essex, Md.

VS 150

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. Correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

G72803

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4rr. 1 G72803

1. NAME OF DECEASED (Type or Print): LAURA GWEN

2. DATE OF DEATH: March 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. 18 Mos. Days 02

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1008 W. Lexington Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Colored			64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Johnson.

14. MOTHER'S MAIDEN NAME: Martha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/26/49	Mt. Calvary	A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Metropolitan Funeral Home Inc.	93D

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72804

BIRTH NO. 119873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72804

1. NAME OF DECEASED (Type or Print): Joseph Allison Lee

2. DATE OF DEATH: 3-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
c. Length of stay in Baltimore: 45 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D STREET ADDRESS (If rural, give location): No Home

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: 12-22-03 12-12-03
9. AGE (In years last birthday): 45
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Glenmora Lee
14. MOTHER'S MAIDEN NAME: Gertrude West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sudden Death
DUE TO
(B) ~~No Cause found~~ Parenchymatous cortical atrophy of cerebellum, secondary to alcohol, probable
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1948, *to* 3-22, 1949, *that I last saw the deceased alive on* 3-22, 1949, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. L. Rogers M. D.
23B. ADDRESS: 4940 EASTERN AVENUE
23C. DATE SIGNED: 3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/26/49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Old Bucknell Rd

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: J. Tabey Sons ADDRESS: 1318 Eighth

VS 150

77D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72805
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72805
Registered No.

1. NAME OF DECEASED (Type or Print) DA.W. FREEMAN

2. DATE OF DEATH 3-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hosp. Balto. Md.

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 939 Pierce Street 16 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
F	C	WIDOWED	MAR 11 1900	49				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
D		Baltimore Md	

13. FATHER'S NAME George Wright

14. MOTHER'S MAIDEN NAME Annie Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Bertha King ADDRESS 675 Barre St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerular Nephritis

DUE TO arterial terminal uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic (C-V-) disease

DUE TO with Grade IV Congestive failure

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES X NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-23 1949, *to* 3-24, 1949 *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 6 30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE, M.D.	23B. ADDRESS	23C. DATE SIGNED
[illegible] M.D.	University Hospital Balto Md	3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Mt Auburn Cemt	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR J.L. Burnett & Son ADDRESS 104 W Monument St

1318

G72806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 916.0

Registered No. G72806

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL SHORTS — N-948

2. DATE OF DEATH 3/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTO. GEN. HOSP.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1129 Brisco St 21-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	SINGLE	2/5/43	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore	

13. FATHER'S NAME Randolph Shorts

14. MOTHER'S MAIDEN NAME Emily Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT — ADDRESS: Emily Adams 1129 Brisco St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 3rd. degree burns, 50% Body surface — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchiole pneumonia, Asthenia Sole

INTERVAL BETWEEN ONSET AND DEATH: 19 days

CERTIFICATION APPROVED BY
H. B. Merrill
For: W. H. Kammer, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
ACCIDENT	Home	1129 BRISCOE ST., BALTO., MD. 21/1

21D. TIME OF INJURY (Month) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MARCH 3 1949 1:47 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Pt. playing c matches ignited clothing

22. I hereby certify that I attended the deceased from March 3, 1949 to March 22, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marion R. Bradley Jr. M. D.	1213 Light Street	3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/24/49	Mt. Calvary	A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	J. L. Brown & Son	108 W. Montgomery St

VS 150

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PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be entered. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72807 CERTIFICATE CORRECTED 3/30/49 - ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-20-1 Registered No. G72807

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS ~~EATE~~ Faye KEGLER

2. DATE OF DEATH Mar. 24, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1518 E. 28th. Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1518 E. 28th. Street 9-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Sept. 5, 1894	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret.	Gas & Elec. Co.	Hanover, Md.	USA

13. FATHER'S NAME Thomas Kegler

14. MOTHER'S MAIDEN NAME Margaret Fahey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		212-05-4864	Mrs. Constance M. Kegler	1518 E. 28th. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Arterio-sclerosis	?
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Coronary Occlusion. Immediate	
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Epilepsy	Years ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 24, 1948 *to* March 24, 1949 *that I last saw the deceased alive on* Mar. 24, 1949, *and that death occurred at* 9.30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank H. Ogden, M. D.	2701 N. Calvert St.	Mar. 25, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	New Cathedral Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.	

VS 150

BALTIMORE - 13, MARYLAND 94a

Please write plainly, with unfading ink. Use typewriter if possible. Physicians: please write the cause of death clearly and correct age is especially important.

G72808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 rep. 1

G72808 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John R. Rosenberger Sr.

2. DATE OF DEATH 3/26/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai

c. Length of stay in Baltimore life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raspeburg 27-05
D. STREET ADDRESS (If rural, give location) 4002 Chesley Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	3/27/96	52				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Collector	Balto. Md	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Rosenberger	Ella L. Orndorff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Mrs. J. R. Rosenberger Balto 6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3/24/49

DUE TO

(B) Cardiac Failure — 3/26/49

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Acute coronary occlusion

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/24, 19 49 *to* 3/26, 19 49, *that I last saw the deceased alive on* 3/26, 19 49, *and that death occurred at* 3 45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jerome Gaber M. D.	Sinai Hosp.	3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/29/49	London Park	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Lasuahn Funeral Home 7401 Belair Rd.

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G72809

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): HARRY M. HUTH

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3907 Fleetwood Ave.
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 3907 Fleetwood Ave. 27-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
male	white	married	July 17th, 1881	67	8	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Credit Supt.	Gas & Electric Co.	Pa.	U.S.A.

13. FATHER'S NAME: Adam S. Huth

14. MOTHER'S MAIDEN NAME: Jennie Englemyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	212-05-4637	Mrs. Harry M. Huth	3907 Fleetwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

(B) Cardiovascular Hypertensive Disease — 3 years

DUE TO

(C) Arteriosclerosis — 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 10, 1947, *to* March 25, 1949 *that I last saw the deceased alive on* March 25, 1949, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Michael J. Daresh M. D.	1 W. Chesapeake Ave	3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/28/49	Parkwood	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Thurlington Williams, MD	Lassahn Funeral Home	7401 Belair Rd

VS 150

93D

G72810 · G72810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T. 163 Registered No.

1. NAME OF DECEASED (Type or Print) Paul J Jarboe

2. DATE OF DEATH 3/24/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 1406 N. Luzerne

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1406 N. Luzerne Ave 8 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Dec. 18. 1904	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Dept.
10B. KIND OF BUSINESS OR INDUSTRY Balto. City
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Jarboe
14. MOTHER'S MAIDEN NAME Minnie Hiers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-18-2299
17. INFORMANT Rosalie Jarboe ADDRESS 1406 N. Luzerne Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer of Lung
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1948, to March 24, 1949, *that I last saw the deceased alive on* March 22 1949, *and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Fred Simmons M. D.
23B. ADDRESS 2458 Harford Rd.
23C. DATE SIGNED 3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3-28-49
24C. NAME OF CEMETERY OR CREMATORY Baltm. Cem.
24D. LOCATION (City, town, or county) (State) Westview - Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949
REGISTRAR'S SIGNATURE Curtis Turner for Williams, MD
25. FUNERAL DIRECTOR John C. Melly Inc.
ADDRESS 2435 E. Oliver St

VS 150

47D

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Important. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G72811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 981.5
N-861.4

Registered No. G72811

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (LLOYAL RANDOLPH) LLOYAL FRANKLIN RANDOLPH

2. DATE OF DEATH March 24, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 1610 Edmondson Avenue 16-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Single	August 3, 1927	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Helper

10B. KIND OF BUSINESS OR INDUSTRY Carpet Company

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lloyal Randolph

14. MOTHER'S MAIDEN NAME Eleanor Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bullet wound of lungs and heart	
AN ANTECEDENT CAUSES	(B) Acute alcoholism	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Vincent & Cairo Streets

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-24-49 ? a. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE Helge V. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED 3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Arbutus Memorial Park	Arbutus, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.

VS 151

166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No. G72812

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Handy, James

2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 519 N. Calhoun Street

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: Yrs. 2 Mos. Weeks Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C			62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Md	USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage	8 hrs.
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Benign Essential Hypertension	2 yrs.
	DUE TO (C) Diffuse Generalized arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-24, 1949 *to* 3-24, 1949 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:05 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George W. Bokeman, M. D.	Franklin Sq Hosp	3-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28-49	Folk Crematory	Somerset Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Wolfram H. James Jr. Funeral Home	830

VS 150

SPACES WITHIN BORDERS WILL BE UNDERLINED IN INK. Every item of information should be correct as far as possible. Physicians: please write the causes of death clearly and legibly.

G72813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72813 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Cole, Leonara A

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1519 Division St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland

D. STREET ADDRESS (If rural, give location): 832 Tyson Street

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 1 1877 | 9. AGE (In years last birthday): 71 | If under 1 Year: Months, Days | If under 24 hours: Hours, Min. 19-03

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT ADDRESS: Fletcher Cole-832 Tyson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

(B) Intestinal Obstruction

DUE TO

(C) Carcinoma of Round ligament

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 3/11/49

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Round ligament

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5/49, 19__, to 3/22, 1949, that I last saw the deceased alive on 3/22, 1949, and that death occurred at 7.40 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Dr Marcus W. Moore Sr. M.D.

23B. ADDRESS: Provident Hospital

23C. DATE SIGNED: 3/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/26/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Charles G. Cooper-512 Carrollton Ave

48 C

Please write the cause of death clearly and correct age is especially important. Physicians:

G72814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72814

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH STERN.

2. DATE OF DEATH: 3/24/1949.

3. PLACE OF DEATH: a. Baltimore City, Maryland. 1452 Covington St.
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 83 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1452 Covington St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Single	8/16/1865.	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Clerk	Furniture	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Joel Stern

14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
?	219-05-8114	Mr. Bernard Kahn,	595 N. Gay St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bronchopneumonia - Terminal	36 hrs
DUE TO (B)	Arterio-sclerotic cardio-vascular-disease	10 years
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Chronic Pyelonephritis	2 yrs +
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/11, 1949, *to* 3/24, 1949, *that I last saw the deceased alive on* 3/24, 1949, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Maurice Feldman Jr. M. D.	2425 Eutaw Place.	3/25/1949.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/27/1949.	Oheb Shalom	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 26 1949	Huntington Williams, M.D.	Harry Sonnenborn & Son.	1902 Eutaw Place.

VS 150

937

G72815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72815

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARTHUR L. ROSENBERG.

2. DATE OF DEATH: 3/25/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Riviera Apts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 61 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Riviera Apts. 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married.	12/15/1887	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cigar Merchant.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatz Rosenberg.
14. MOTHER'S MAIDEN NAME: Fannie Lowenthal.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. A. Rosenberg, ADDRESS: Riviera Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Myocardial insufficiency	5 weeks
DUE TO		
(B)	Coronary thrombosis	3 months
DUE TO		
(C)	Coronary arteriosclerosis	Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus — 15 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948 *to* Mar. 25, 1949 *that I last saw the deceased alive on* Mar. 25, 1949, *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Herbert N. Gundersheimer M. D.
23B. ADDRESS: Riviera Apts Lake Drive
23C. DATE SIGNED: 3/25/1949.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/27/1949.
24C. NAME OF CEMETERY OR CREMATORY: Oheb Shalom
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
25. FUNERAL DIRECTOR: Harris Sonnheim & Son, ADDRESS: 1902 Eutaw Place.

VS 150

61

G72816

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 6

G72816
Registered No.

1. NAME OF DECEASED (Type or Print): Rafael Campanella

2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore, Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 129 W. Camden St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 70 yrs (approx) — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tony Campanella
14. MOTHER'S MAIDEN NAME: Angelina Lastasseria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Senile debility — 2 months
DUE TO (C) Retropubic prostatectomy — 10/5/49

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/31/49
19B. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949 *to* March 26 1949, *that I last saw the deceased alive on* March 26 1949, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Stell M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3-27-1949
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Reading Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Geo. J. Tickner & Sons

VS 150

137a

Please write clearly and legibly. Physicians: please write the causes of death clearly and correct age is especially important.

G72817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G72817 Registered No.

1. NAME OF DECEASED (Type or Print): Mary Habib
2. DATE OF DEATH: 3/25/49
3. PLACE OF DEATH: A. Baltimore City Maryland Balto
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY
6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1211 Wellsbach Way
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.
c. Length of stay in Baltimore: 80 yr. (Yrs. Mos. Days)
D. STREET ADDRESS (If rural, give location): 1211 Wellsbach Way
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/20/62
9. AGE (In years last birthday): 87 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Mt. Lebanon - Middle East
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Hessey
14. MOTHER'S MAIDEN NAME: Terry M. Zaher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Anthony Habib ADDRESS: 1211 Wellsbach Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1945

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis — July 22/48

DUE TO

(C) Myocardial Failure — June 17/49

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Occlusion — June 25/49

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1945 *to* June 25, 1949, *that I last saw the deceased alive on* June 25, 1949, *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: F. G. Schimunek, M. D.
23B. ADDRESS: 842 S. Ellwood
23C. DATE SIGNED: June 26 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3/26/49
24C. NAME OF CEMETERY OR CREMATORY: Wilkes Barre Pa.
24D. LOCATION (City, town, or county) (State): Wilkes Barre Pa.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Tilley & Zeiler Inc
ADDRESS: 403 S. Wolfe St.

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CN. 120219
G72818

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72818

1. NAME OF DECEASED (Type or Print): Daniel Lee Martin
2. DATE OF DEATH: 3- 24- 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave.
C. Length of stay in Baltimore: 6 Years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1201 Jefferson Court Apt C-1 5-1

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2- 1918
9. AGE (In years last birthday): 30 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Martin
14. MOTHER'S MAIDEN NAME: Clarabelle Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records Balto. City Hospitals ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis-Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1- 48, 1948 *to* 3- 24-, 1949 *that I last saw the deceased alive on* 3- 24, 1949, *and that death occurred at* 8.45 P., *from the causes and on the date stated above.*

23A. SIGNATURE: R. A. Rogers M. D.
23B. ADDRESS: B.C. - 4940 Eastern Ave.
23C. DATE SIGNED: 3- 25- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/27/1949
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetary
24D. LOCATION (City, town, or county) (State): Montrello S.C.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 1949
REGISTRAR'S SIGNATURE: Kenneth Williams, M.D.
25. FUNERAL DIRECTOR: Elroy C, Wilson ADDRESS: 1000 Brantly Ave.

VS 150

1313

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72819 · 1 · 1/20 · G72819

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Annie Fradin

2. DATE OF DEATH: March 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5516 Belle Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5516 Belle Avenue

c. Length of stay in Baltimore: 36 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 5516 [illegible] ave.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5516 Belle Ave. 28 01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July I3 I896
9. AGE (In years last birthday): 52 — If under 1 Year: Months 7, Days 12 — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mayer Shulman
14. MOTHER'S MAIDEN NAME: Gertrude

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hyman Fradin ADDRESS 5516 Belle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive and Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Four years

DUE TO

(B) Coronary Thrombosis — 1 Hours

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* [illegible] 1947 *to* 3/25, 1949 *that I last saw the deceased alive on* 3-25-1949, *and that death occurred at* 8.30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1109 N. Calvert St
23C. DATE SIGNED: 3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-27-49
24C. NAME OF CEMETERY OR CREMATORY: Bobroisker Verein Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 1949
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: S. Levinson & BRos. ADDRESS 1124 W North Ave

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G72820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47 G72820 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KATHERINE J. RONAN

2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 351 Yale Ave.

C. Length of stay in Baltimore: 3 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 351 Yale Ave. 21 08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Single	Sept. 29, 1861	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Pennsylvania	

13. FATHER'S NAME: Thomas Ronan

14. MOTHER'S MAIDEN NAME: Mary Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	—	Elizabeth M. Ronan	351 Yale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardio Vascular Renal Disease

DUE TO

(C) Terminal Pneumonia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 19 48 *to* Mar 19 49 *that I last saw the deceased alive on* Mar 25, 19 49, *and that death occurred at* 3 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. E. Lesauther M. D.	4209 Harford Ave.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3-27-49	St. Johns Cemetery	Troy, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 27 1949	Clayton Williams M.D.	George A. Farley	Fulton Ave. Fayette St.

VS 150

1310

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72821 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Antonio Forte**

2. DATE OF DEATH **March 25 1949**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Sinai Hospital**

C. Length of stay in Baltimore **38Yrs.** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **1238 Bonaparte Ave** 9-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	November 15 1885	63	4 / 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor**

10B. KIND OF BUSINESS OR INDUSTRY **Tayler Shop**

11. BIRTHPLACE (State or foreign country) **Valguarnera Italy**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Giuseppe Forte**

14. MOTHER'S MAIDEN NAME **Maria Gangi**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **218-10-4617**

17. INFORMANT **Sara Forte (Wife)** ADDRESS **1238 Bonaparte Ave**

MEDICAL CERTIFICATION

Please write the causes of death clearly and legibly. Physicians: please write in especially important. Correct age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dissecting aneurysm of aorta which ruptured into pericardium

DUE TO causing cardiac tamponade.

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

I II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/25/49 *to* 3/25/49, *that I last saw the deceased alive on* 3/25/49 *and that death occurred at* 1:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Adrian M. D.	Sinai Hosp Md.	3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 29/49	Holy Redeemer Cemetery	4430 Belair Rd. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 27 1949	Huntington Williams M.D.	Grault Wells Lowe	322 S. High St.

VS-150

30D

G72822 ✓ v. 1 G72822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Luca Grancse

2. DATE OF DEATH: 3/27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto City Hospitals
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md
D. STREET ADDRESS (If rural, give location): 901 Fawn St 3-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W		Jan. 10 1882	67	2	14		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Montella, Avelino, Italy	U.S.A.

13. FATHER'S NAME: Carmine Grancse

14. MOTHER'S MAIDEN NAME: Caroline DiGenova

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: Antonia Grancse (Wife) 901 Fawn St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C-V disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: P. C. Sulmonetti M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED: 3/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 28 1949	Holy Redeemer Cemetery	Belair Rd. Baltimore Md.

LOCAL REGISTRAR RECEIVED BY: 3-27-1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: Harold Walker ADDRESS: 823 S. High St.

VS 151

937

G72823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72823

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha L. H. Bankard

2. DATE OF DEATH: 3/25/49 3:35 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1304 Wirton St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1304 Wirton St. 9-09

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/5/1883
9. AGE (In years last birthday): 66
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if not now): Office Work
10B. KIND OF BUSINESS OR INDUSTRY: Persian Oriental Rug Co

11. BIRTHPLACE (State or foreign country): York Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mollie Willkide

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-8600
17. INFORMANT: Arthur Kelly ADDRESS: 187 Berkeley Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO
ANTECEDENT CAUSES
(B) cardio - vascular - renal Disease. — 7
DUE TO
II
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Congestive failure - both right & left sides — 2-3 Mos.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 March, 1949 *to* March 25, 1949, *that I last saw the deceased alive on* March 25, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Silverfeld M. D.
23B. ADDRESS: 714 E. Preston St
23C. DATE SIGNED: 26 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/28/49
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 1949
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR: Wm Cook Dec ADDRESS: 1217 St. Paul St.

131a

Correct age is especially important. Physicians: please write the cause of death clearly and fully.

BIRTH NO. G72824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72824

1. NAME OF DECEASED (Type or Print): Edward T. Knott

2. DATE OF DEATH: March 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1705 N. Calvert Street

c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): Valley Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Widowed	Dec. 19, 1874	74	3	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Overseer - retired	F. W. Lipps	Baltimore County, Md.	

13. FATHER'S NAME: Edward A. Knott

14. MOTHER'S MAIDEN NAME: Anna Towson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
NO		Mr. Edward A. Knott, 4620 York Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic heart disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. ____, 19 49 *to* March 25, 19 49, *that I last saw the deceased alive on* March 22, 19 49, *and that death occurred at* 3:4 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: F. Ellsworth Cook M. D. | 23B. ADDRESS: 2431 Md. Ave | 23C. DATE SIGNED: 26 March '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/28/49	Loudon Park Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 1949 | REGISTRAR'S SIGNATURE: Thurlington Williams M.D. | 25. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

VS 150

93D

Correct age is especially important. Physicians: please write the cause of death clearly and fully.

G72825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72825

BIRTH NO. — Registered No. 41

1. NAME OF DECEASED (Type or Print): MARGARET SWINGLER

2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Gen. Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 901 S. Fagley St. 76-09

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	Widowed	July 9, 1898.	50	8	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE-WORK	AT HOME	Maryland	USA

13. FATHER'S NAME: FREDERICK RIEDEL

14. MOTHER'S MAIDEN NAME: JULIA CLARK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			CATHERINE RIEDEL	901 S. FAGLEY ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Status Asthmaticus
DUE TO
(B) Bronchial Asthma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23, 1949 *to* 3-24, 1949, *that I last saw the deceased alive on* 3-24, 1949, *and that death occurred at* 12 M. *from the causes and on the date stated above.*

23A. SIGNATURE: Albert C. Hesemann M. D. | 23B. ADDRESS: West Balto Gen Hop. | 23C. DATE SIGNED: 3-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): 3-28-49. | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. | 24D. LOCATION (City, town, or county) (State): EASTERN AVE.

DATE RECEIVED BY REGISTRAR: MAR 27 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: Charles L. Zeiler | ADDRESS: 901 S. Conkling St

VS 150

112

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72826
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosa Simuel

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1618 Edmondson Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1618 Edmondson Ave 16 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Col.	Married	Nov. 2	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Maid	Spartanburg S.C.	U.S.A.

13. FATHER'S NAME Pat Davis

14. MOTHER'S MAIDEN NAME Genera Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS 1618 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia Pulmonary Tuberculosis (Bilat.) (for Adds)
DUE TO
(B) Emphysema
DUE TO
(C) Capillary Bronchitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Syphilis Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH
Several Months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Sutures	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/14/49 to 3/20/49, *that I last saw the deceased alive on* 3/20/49, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. O. Markdale M.D.	524 N. Carey St.	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-27-49	Mt. Zion Cem.	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 27 1949	Huntington Williams M.D.	Wm. Katie L. Wilkinson	3322 W. Belvedere

MPHS 45D

13B

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72827 CERTIFICATE CORRECTED 4-6-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

491 G72827

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): JUDITH RAY HAYNIE

2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 606 S. Hanover Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 606 S. Hanover Street 2 2 0 1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 10, 1946 (1947)
9. AGE (In years last birthday): 2 (2) Years — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Judson R. Haynie

14. MOTHER'S MAIDEN NAME: Evelyn Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT: Mr. Judson R. Haynie
ADDRESS: 606 S. Hanover St.

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
XXXXX Acute congestive heart failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/28/49
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 151

107

G72828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 Registered No. G72828

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John H. Kramer

2. DATE OF DEATH: 3/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Mercy Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: North Carolina
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elizabeth
D. STREET ADDRESS (If rural, give location): 700 W. Main St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Married	April 3, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Vice-President Lumber Co	Lumber	Elizabeth City, N.C.	

13. FATHER'S NAME: John Andrew Kramer

14. MOTHER'S MAIDEN NAME: Carrie Kipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—		—	Mr. Harry S. Kramer	Elizabeth City, N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death was in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L. Kroger M.D | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑ | 23C. DATE SIGNED: 27 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE: 3-27-49 | 24C. NAME OF CEMETERY OR CREMATORY: Hollywood | 24D. LOCATION (City, town, or county) (State): Elizabeth City, N.C.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR | ADDRESS: W. J. Pickens + Sons, North + Pa. Aves Balto. 17, Md. 94-a

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and audibly.

G72829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72829

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): George M. Dyer
2. DATE OF DEATH: 3-26-49
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gloucester
D. STREET ADDRESS (If rural, give location): 614 N. Brown St.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1900
9. AGE (In years last birthday): 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Dyer
14. MOTHER'S MAIDEN NAME: Helen ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gloucester Funeral Home — ADDRESS: Gloucester N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl L Boyer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 27 March 49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 3-27-49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Gloucester, N. J.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Wm. J. Tickner & Sons, North & Pa. Aves. Balto. 17, Md. 94a

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72830

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Young

2. DATE OF DEATH March 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters of the Poor Home for the Aged

C. Length of stay in Baltimore 96 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 908 Valley St.

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 29 1872
9. AGE (In years last birthday) 96 — If Under 1 Year: Months 9, Days 27, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Young
14. MOTHER'S MAIDEN NAME Carolyn Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mr. Paul Howard
ADDRESS Mt. McCulloh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Metastasis in Liver — 1 mo.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 23, 1949, *to* Mch 26, 1949, *that I last saw the deceased alive on* Mch 26, 1949, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23A. SIGNATURE E. Gill Hall M. D.
23B. ADDRESS 1621 E North Ave
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 3/28/1949
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Holland Funeral Home
ADDRESS 1615 Hill Ave.

VS 150

46E

CERTIFICATE CORRECTED 3-29457.0

G72831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5

G72831

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH CANGELOSI

2. DATE OF DEATH 3/24/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WEST BALTIMORE GENERAL HOSPITAL

c. Length of stay in Baltimore 29 years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland
D. STREET ADDRESS (If rural, give location) 513-E-35th St 9 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	White	Married	May 11-1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fruit	Fruit	Italy	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John - Cangelosi	Rosina Salvatora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	No	Wife Balto Gen-Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) INTESTINAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) INTESTINAL OBSTRUCTION

DUE TO

(C) SCROTAL HERNIA

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic CVD

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/22/49	INTESTINAL OBSTRUCTION	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3/22/49 to 3/22/49, that I last saw the deceased alive on 3/24/49, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	WB Hosp	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	3-28-49	Holly Lodge	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Hunterton Williams, M.D.	Chas B Roberts Inc	403 E 25th St

VS 150

122a

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G728.32

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G728.32
Registered No.

BIRTH NO. B.C.49-06220

1. NAME OF DECEASED (Type or Print): ROBERT DORSEY

2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 422 Laurens St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore? Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 422 Laurens St

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 3-23-49
9. AGE (In years last birthday) — If Under 1 Year: Months / Days; If Under 24 Hours: Hours 36 / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Dorsey
14. MOTHER'S MAIDEN NAME: Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Dorsey — ADDRESS: 422 Laurens St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	
DUE TO	(B) Enlarged liver — extending below umbilicus	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-23- 1949 *to* 3-24- 1949 *that I last saw the deceased alive on* 3-24- 1949 *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sa. N. Rosenstein M.D.
23B. ADDRESS: 1723 Druid Hill Ave
23C. DATE SIGNED: 3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: University Medical School
24D. LOCATION (City, town, or county) (State) MAR 28 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

125B

G72833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153 G72833

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Viola Brooks

2. DATE OF DEATH: 3-26-49

3. PLACE OF DEATH: A. Baltimore City, Maryland — City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1308 Slater Road

c. Length of stay in Baltimore: 38 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25.
D. STREET ADDRESS (If rural, give location): 1308 Slater Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Negro	Married	May 6, 1896	52	1 / 4	— / —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		St. Mary's Court, Md.	U.S.

13. FATHER'S NAME: Aldeous Curtis

14. MOTHER'S MAIDEN NAME: Julia Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	Miriam Brooks	1308 Slater?

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignancy of Intestines — INTERVAL BETWEEN ONSET AND DEATH: 2 Years

DUE TO

(B) metastatis of Malignancy

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Secondary Anemia.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1949, *to* 3-26, 1949, *that I last saw the deceased alive on* 3-24, 1949, *and that death occurred at* 4:55 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. L. Luck M.D.

23B. ADDRESS: 303 Bridgeview Road

23C. DATE SIGNED: 3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-29-49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James A. Taylor

ADDRESS: 142 W. Lee St.

Vs 150

46E

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72834

BALTIMORE CITY HEALTH DEPARTMENT 214 G72834

CERTIFICATE OF DEATH

BIRTH NO. BC-49-02293 Registered No.

1. NAME OF DECEASED (Type or Print): Ronald Wheeler

2. DATE OF DEATH: 3/22/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 15 N. Pearl St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	Jan. 21 [illegible]	2	2m 1d	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	US

13. FATHER'S NAME: Gilbert Wheeler

14. MOTHER'S MAIDEN NAME: Agnes Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	Mother	above

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Malnutrition, cardiac failure
DUE TO
(B) Adrenal insufficiency
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/21, 1949, *to* 3/22, 1949, *that I last saw the deceased alive on* 3/22, 1949, *and that death occurred at* 4.30 Pm., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Fred C. McQuarrie M.D.	University Hosp	3/22

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	MAR 24 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

6513

G72835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 G72835 Registered No.

BIRTH NO. SL- 127196

1. NAME OF DECEASED (Type or Print): John Locks

2. DATE OF DEATH: Mar.18, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 550 W. Biddle St. 17-21

5. SEX	6. COLOR + RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Negro	Single	Aug. 25, 1882	66		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Elijah Locks

14. MOTHER'S MAIDEN NAME: Annie Netter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	217-01-1949	B. C. H. Records,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: Carcinoma of stomach with metastasis — INTERVAL BETWEEN ONSET AND DEATH: over 1mo.

(B) DUE TO:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-15-49	Exploratory laporotomy	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 28, 1949 *to* Mar.18, 1949, *that I last saw the deceased alive on* Mar.18, 1949, *and that death occurred at* 5.50A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
P. A. Rogers M. D.	Baltimore City Hospitals	3-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Johns Hopkins Medical School	MAR 24 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 24 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

46 B

AB-126876
G72836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

D 23

G72836
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Willie Spivey

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1002 S. Eutaw Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2-1919
9. AGE (In years last birthday): 29 (If under 1 year: Months: Days; If under 24 hours: Hours: Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willie Spivey
14. MOTHER'S MAIDEN NAME: Loutensa Bacemore or Bagemone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: 4940 Eastern Avenue Records-Baltimore City Hospitals

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Syphilitic(?) Heart disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Multiple Thrombophlebitis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14 , 1949 *to* 3-25 , 1949, *that I last saw the deceased alive on* 3-25 , 1949, *and that death occurred at* 7.20A *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. E. Rogers, M. D.
23B. ADDRESS: 4943 Eastern Ave
23C. DATE SIGNED: 3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/28/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balt City

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: L. L. Brown & Son
ADDRESS: 1082 Montgomery St

VS 150

20E

Street age is especially important. Physicians: please write the causes of death clearly and legibly.

G72837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
4 no 1

Registered No. G72837

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles B. Wade

2. DATE OF DEATH March 28-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 342 S. Stricker St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 342 S. Stricker St 1903

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	Dec 26-1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Wade

14. MOTHER'S MAIDEN NAME Betty —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Lillian R. Steltz ADDRESS 342 S. Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Oedema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis, C

DUE TO

(C) Mitral Insufficiency

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22/49, 19__, to 3/27, 19 49, that I last saw the deceased alive on 3/27, 1949 and that death occurred at 12:25 m., from the causes and on the date stated above.

23A. SIGNATURE Nathan K. Netsch M. D.

23B. ADDRESS 2157 Walbrook Ave

23C. DATE SIGNED 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE March 30-1949

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) Baltimore (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949

REGISTRAR'S SIGNATURE Thurlington for Williams M.D.

25. FUNERAL DIRECTOR Holt & B.M. Welsh

ADDRESS Gilmor & Stricker Sts

VS 150

92 B

Street age is especially important. Physicians: please write the causes of death clearly and fully.

G72838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170

Registered No. G72838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith Street
(c) Hospital or institution:
Motherhouse of Notre Dame
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street 10-02
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Ireland

3 (a) FULL NAME
Sister Mary Catharine Owens

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/16, June 7, 1883

8. AGE: Years	Months	Days	If less than one day
65	5	13	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Joseph Owens
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Hogan
15. Birthplace Ireland

16 (a) Informant Sr. M. Stan. Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 49 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Gen. Asst.

18 (a) Funeral director Geo. M. Fowler Son
(b) Address 866 N. Howard St.

19 (c) MAR 28 1949 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1949, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on March 19 1949.

Immediate cause of death: Carcinoma Breast
Metastasis Lung
Duration: 8 mos

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. J. A. Stevens M. D.
Address 2818 Harford Ave Date signed 3-28-49

VS 150

50

G72839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No. G72839

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Camille Chenowitz

2. DATE OF DEATH: March 27 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

c. Length of stay in Baltimore: Yrs. — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1210 Linden Avenue 11-24

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White			79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	USA

13. FATHER'S NAME: Bradford Chenowitz

14. MOTHER'S MAIDEN NAME: Barbara Imory

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Intra-vascular hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: —

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that* attended the deceased from 3-24-49, 19 , to 3-27 , 19 49 *that I last saw the deceased alive on* 3-27 19 49 *and that death occurred at* 3:30 pm., *from the causes and on the date stated above.*

23A. SIGNATURE John L. Sirens M. D.

23B. ADDRESS University Hospital

23C. DATE SIGNED 3-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Mch 30/49

24C. NAME OF CEMETERY OR CREMATORY David Ridge

24D. LOCATION (City, town, or county) (State) Pikesville

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: John O. Whitehill & Sons / 901 Eutaw Pl.

VS 150

83a

G72840

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178 Registered No. G72840

1. NAME OF DECEASED (Type or Print): Dr. William Halsey Barker

2. DATE OF DEATH: Mar 26 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 42 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27

D. STREET ADDRESS (If rural, give location): 905 Poplar Hill Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	1-3-07	42 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician	Physician	Md.	

13. FATHER'S NAME: Dr. Llewellyn Barker

14. MOTHER'S MAIDEN NAME: Lillian Halsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Seminoma, left testis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3-4 mos

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/5/49	Seminoma, left testis	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 1-4-, 1949 *to* 3-26-, 1949, *that I last saw the deceased alive on* 3-26, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William E. Chase M. D.	JOHNS HOPKINS HOSPITAL	3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Burial	Mch 28/49	London Park	3801 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	John O. Mitchell & Sons	1900 Eutaw Place

VS 150

51C

G72841

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 43 G72841

1. NAME OF DECEASED (Type or Print): Harriet Hurst

2. DATE OF DEATH: March 22, 49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1011 Edmondson Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — B. COUNTY: 1011 Edmondson Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Female	Colored	Widow		76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Virginia	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis with hypertension — INTERVAL BETWEEN ONSET AND DEATH: 15 months
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Jan 1, 1948 to March 23, 1949 that I last saw the deceased alive on March 23 1949, and that death occurred at 5.30 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jos. Stewart M. D.	632 W Franklin St	March 25, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Mt Auburn Cem.	Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Elroy O. Wilson	908 Gilmor

VS 150

908

G72842 Ja - 9068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 46 G72842 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elwyn Cooper

2. DATE OF DEATH 3-25-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1512 Jefferson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	Negro	Wid.	May 6, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Brown (B)

14. MOTHER'S MAIDEN NAME Harriet ? (B)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT B. C. H. Records, ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis & Nephrosclorosis. Duration?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES Yes NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1944 *to* Mar. 25, 1949, *that I last saw the deceased alive on* Mar. 25, 1949, *and that death occurred at* 5.15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS 4940 Eastern Ave.

23C. DATE SIGNED 3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/28-1949

24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Druid Hill Ave

VS 150

121a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72843
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 916.8 G72843
Registered No.

1. NAME OF DECEASED (Type or Print): EARL H. MILLER N-948-✓
2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1819 Wilkins Avenue 19-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	If Under 1 Year: Days	If Under 24 Hours: Hours	If Under 24 Hours: Min.
Male	White	Divorced	June 7, 1891	57	9	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist Retired		Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter J. Miller	Lillie May Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No No	218-03-5003	Annie E. Cramblitt Ferndale Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 2nd & 3rd Degree Burns

DUE TO

(B) 90 % of Body Surface

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1819 Wilkins Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 26, 1949 3:43 A m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? House afire 19/4

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 3/26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 29. 1949	New Cathedral	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Mr. & Mrs. John H. Teufel & Son 180

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

'61

G72844

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): James R Phelps

2. DATE OF DEATH: Mar 26/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 6508 Baltimore Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 6508 B. COUNTY Baltimore Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto 26-06
D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore: Yrs. life Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	married	Sept 15 1889	59	6	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shop Yard	Beth Steel	Balto	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Phillips	Rose Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Carcinoma Of The Lungs	6 Mo
DUE TO (B)	Carcinoma Of The Larynx	8 Mo.
DUE TO (C)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 26, 1949, to Mar 26, 1949, *that I last saw the deceased alive on* Mar 25, 1949, *and that death occurred at* 12:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stephen C. Mockoviak M. D.	6714 Holabird Ave	3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Mar 29/49	Mar 29/49	Oak Lawn	Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Welsh Funeral Home	2008 Orleans

VS 150

47a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 90.0 ✓

Registered No. G72845

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CATHERINE RICHTER N-968.0

2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 705 N. Curley Street 7-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Nov. 23, 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chris Beckert

14. MOTHER'S MAIDEN NAME: Annie Senseney ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Walter Allen ADDRESS: 3302 Kenyon Avenue

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO

(B) Carbon Monoxide

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 705 N. Curley Street 7/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 26 49 7p. m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Overcome by carbon monoxide from faulty gas burner

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Mar 30/49

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: Livingston Williams, M.D.

25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS: 2008 Orleans

VS 151

178a

G72846

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E890.0 G72846

Registered No.

1. NAME OF DECEASED (Type or Print) PAUL A. RICHTER N-968.0

2. DATE OF DEATH March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 705 N. Curley Street 7-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	white	married	Jan. 28, 1887	62		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
foreman	National Lead Co.	Germany	

13. FATHER'S NAME
Unknown

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Walter Allen ADDRESS 3302 Kenyon Avenue

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Asphyxiation
DUE TO
(B) Carbon Monoxide

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 705 N. Curley Street 7/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 . 26 49 7p m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Overcome by carbon monoxide from faulty gas burner

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 30 49	Oak Lawn	Balto Co

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR [signature] ADDRESS Welsh Funeral Home 2008 Orleans

VS 151

178a

G72847 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 — G72847 — Registered No.

1. NAME OF DECEASED (Type or Print): HATTIE EDWARDS

2. DATE OF DEATH: MARCH 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1611 MILLMAN ST

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 8 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1611 MILLMAN STREET

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 9, 1882
9. AGE (In years last birthday): 67 — If under 1 year: Months 2, Days 17 — If under 1 day: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BUSTOWN, MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ALEXANDER HILL
14. MOTHER'S MAIDEN NAME: CHARLOTTE CAMPHOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: LILIAN McGEE — ADDRESS: 1611 MILLMAN ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Failure
DUE TO
(B) Hypertensive C-V Disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 1949 *to* March 26, 1949, *that I last saw the deceased alive on* March 24, 1949, *and that death occurred at* 3 [illegible] A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Preston Hunt, M. D.
23B. ADDRESS: 601 N. CARROLLTON
23C. DATE SIGNED: 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3-29-49
24C. NAME OF CEMETERY OR CREMATORY: HALLS CHURCH
24D. LOCATION (City, town, or county) (State): MARLEY, A. A. Co. MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WILLIAM A. JACKSON — ADDRESS: 916 PENNA. AVE.

VS 150

937

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72848

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM BARLOW

2. DATE OF DEATH: 3/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 913 S. STREEPER

c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 6-4
D. STREET ADDRESS (If rural, give location): #9 N. CHAPEL ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	MARRIED	12/9/1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MARYLAND	U.S.A

13. FATHER'S NAME: WILLIAM BARLOW

14. MOTHER'S MAIDEN NAME: KILLIAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
?	?	?	ANNA HACK	913 S. STREEPER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Infectious Hepatitis — DUE TO

ANTECEDENT CAUSES

(B) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 24, 1949, to Mar 27, 1949, *that I last saw the deceased alive on* Mar 26, 1949, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Clayton W. LeBoy M. D.	3023 Eastern Ave	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3/30/49	St. STANISLAUS	BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Lexington Williams M.D.	Lillie Zeiler	403 S. WOLFE ST.

VS 150

32a

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 3-29-49 X ✓

G72849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77 4

G72849

BIRTH NO. 1

1. NAME OF DECEASED (Type or Print): BABY BOY HAWKINS

2. DATE OF DEATH: 27 MARCH 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP
c. Length of stay in Baltimore: 10 ¼ hours (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): ~~BALTIMORE~~ Glenburnie
D STREET ADDRESS (If rural, give location): ~~3415 S 18 ST.~~ 412 Furnace Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	SINGLE	27 MARCH 1949	—	—	10 / 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
INFANT		BALTIMORE	

13. FATHER'S NAME: WILLIAM L. HAWKINS JR.

14. MOTHER'S MAIDEN NAME: Louise S. Sapp.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT: FATHER	ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) PREMATURITY	
DUE TO	BIRTH WEIGHT 3¼ POUNDS	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 AM 27 MAR 1949 *to* 1 15 PM 27 MAR 49, *that I last saw the deceased alive on* 27 MAR 1949 *and that death occurred at* 1 15 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Donald F. England M.D.	MARYLAND GEN HOSP	27 MAR 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	3-28-49	LORRAINE	Woodlawn, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Wm. J. Fickus & Sons	North & Pa Aves - Balto. 17, Md.

VS 150

159

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G72850

1. NAME OF DECEASED (Type or Print): WILLIAM LOUIS HEROLD

2. DATE OF DEATH: Mar. 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2528 Ellamont St.

C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2528 Ellamont St. 15-37

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	June 13, 1880	68 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Baltimore, Md.	

13. FATHER'S NAME: John B. Herold

14. MOTHER'S MAIDEN NAME: Margaret Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Mrs. Helen Bond Herold	2528 Ellamont St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.) (Means the disease, injury or complication which caused death.) (A)	Myocarditis	about 4 mo.
DUE TO	arteriosclerosis duration ?	
ANTECEDENT CAUSES (B)	Chronic interstitial nephritis	?
DUE TO	Prostatitis - syphilis	duration about 2 mos
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Walter S. Kilbert M.D.

23B. ADDRESS: 2220 Harrison Blvd

23C. DATE SIGNED: March 28 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Lorraine Park	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS,	Balto., Md.

VS 150

121a

Street age is especially important. Physicians: please write the cause of death clearly and legibly.

G72851

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

304 G72851

Registered No.

1. NAME OF DECEASED (Type or Print): EFFIE L. WILLHIDE

2. DATE OF DEATH: Mar. 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): A. Fetter Soft Nursing Home, 3502 Clifton Ave.

C. Length of stay in Baltimore: 84 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3114 Windsor Ave. 15-47

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
female	white	widowed	June 6, 1862	86 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Hanover, Pa.	

13. FATHER'S NAME: Daniel A. Bittinger

14. MOTHER'S MAIDEN NAME: Jane Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—		

17. INFORMANT: Mrs. Sadye N. Willhide — ADDRESS: 3114 Windsor Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	no special disease — just infirmities of old age	2 mos.
DUE TO (B)	Age - General mental & Physical deterioration	3 - 4 yrs.
DUE TO (C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan 21, 1949 *to* Mch 15, 1949, *that I last saw the deceased alive on* Mch 25, 1949, *and that death occurred at* 955 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M Bowman Lord M. D.	2200 Garrison Blvd	3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Mt. Olivet Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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G72852

BALTIMORE CITY HEALTH DEPARTMENT 444 G728.52
CERTIFICATE OF DEATH
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lucinda Watkins
2. DATE OF DEATH: march 25/949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2140 Presstman ST
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE md; B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 2140 Presstman ST 15-3

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: march 3, 1887
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lillian Spencer — ADDRESS: 2140 Presstman ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Anemia	?
DUE TO (B)	Chronic Glomerular Nephritis	?
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Hypertension	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diabetes Mellitus	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1949 to March 25, 1949 *that I last saw the deceased alive on* March 25, 49 *and that death occurred at* 9 30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leonard P. Innerarity M. D.
23B. ADDRESS: 2309 Druid Park
23C. DATE SIGNED: 3-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-28-49
24C. NAME OF CEMETERY OR CREMATORY: arbutus cem
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George S. Nelson — ADDRESS: 1203 Presstman St

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G72853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No.

G72853

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Heng

2. DATE OF DEATH 3/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 107 S. Stricker St.

C. Length of stay in Baltimore 47 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 107 S. Stricker St. 19-3

5. SEX Female | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Oct. 28/67 | 9. AGE (In years last birthday) 81 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Folmer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Son ADDRESS Major Wm. Heng, 107 S. Stricker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3/19/49
DUE TO
(B) Arteriosclerosis — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 19, 1949 *to* Mar 26, 1949, *that I last saw the deceased alive on* Mar 26, 1949, *and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Carl P. Kelly M. D. | 23B. ADDRESS 1326 W. Lombard St | 23C. DATE SIGNED 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE March 30/49 | 24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. | 24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949 | REGISTRAR'S SIGNATURE Lexington Williams, M.D. | 25. FUNERAL DIRECTOR Harry A. Witzke | ADDRESS 4101 Edmondson Ave.

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Dr. Glassmire
G728:54 Page 55

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G728:54

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES BECKMEYER
2. DATE OF DEATH Mar. 27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 733 W. Fayette
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-2
c. Length of stay in Baltimore 7 Yrs. Mos. Days
D. STREET ADDRESS (If rural, give location) 733 W. Fayette Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W.	W.	April 10 82	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Slater	Own Business	York. Pa.	U.S.A.

13. FATHER'S NAME Frederick Beckmeyer
14. MOTHER'S MAIDEN NAME Louisa Grund

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: One day
DUE TO
(B) Hypertensive Cardio Vascular disease — 2
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 1, 1949 *to* Mar 27, 1949 *that I last saw the deceased, alive on* Mar 27, 19 49 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Uhrsmann M. D.	753 W. Fayette St	Mar 28 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3/28/49	Greenmount Cem York Pa.	York. Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St Paul St

VS 150

93D

G72855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72855

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hoberman, Mrs. Rose

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1241 N. Ellwood Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore Eye, Ear, and Throat Hospital

c. Length of stay in Baltimore: 29 years (Yrs. / Mos. / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	July 10, 1893	55	8 / 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: William Friedman
14. MOTHER'S MAIDEN NAME: Bronna Leighter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs. Frieda Friedman ADDRESS — Above. 2017 Lanvale St. ~~Patient herself on admission to hospital~~ Daughter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Embolism ?	3 mins
DUE TO	(B) Lipus Hypertonicus	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cataract Extraction - Left Eye	

19A. DATE OF OPERATION: March 22, 1949
19B. MAJOR FINDINGS OF OPERATION: Cataract
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19~~47~~ to March, 1949, *that I last saw the deceased alive on* 3/27, 1949, *and that death occurred at* 5:~~35~~ p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis R. Mason, M. D.
23B. ADDRESS: 7330 Park Heights Ave
23C. DATE SIGNED: 3-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-28-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

112

G72856 · G72856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): DANIEL ABELL — 2. DATE OF DEATH: 3-27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1917 No. Pentalow St

c. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-4
D. STREET ADDRESS (If rural, give location) 1917 No Pentalow St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married		69		

10A. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Nathan
14. MOTHER'S MAIDEN NAME: Sarah
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Yetta Abell — ADDRESS: 1917 No Pentalow St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 9 months
DUE TO
(B) Rheumatic Heart Disease? — ?
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 19 49 to 3/27, 19 49 *that I last saw the deceased alive on* 3/27, 19 49 *and that death occurred at* 3 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sol Smith, M. D. — 23B. ADDRESS: 1223 E. North Ave — 23C. DATE SIGNED: 3/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 3-28-49 — 24C. NAME OF CEMETERY OR CREMATORY: United Hebrew — 24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949 — REGISTRAR'S SIGNATURE: Remington Williams, M.D. — 25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Place

VS 150

93c

G72857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72857

BIRTH NO. B.C. 49-06219 Registered No.

1. NAME OF DECEASED (Type or Print): Michele Frances Campbell

2. DATE OF DEATH: March 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 416 Oxford Ct.

c. Length of stay in Baltimore: 3 Minutes (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 416 Oxford Ct 11-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	negro	single	March 21, 1949	—	— —	— 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	U.S.

13. FATHER'S NAME: James Bernard Campbell

14. MOTHER'S MAIDEN NAME: Louise Cecelia Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	none	Louise Campbell	416 Oxford Ct.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral anoxia

DUE TO

(B) Pulmonary atelectasis

DUE TO

(C) Aspiration of amniotic fluid

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 min.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 12:10PM 3-21-49, 19__, *to* 12:13PM 3-21, 1949, *that I last saw the deceased alive on* 3-21, 1949, *and that death occurred at* 12:13P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. C. Cooney Jr. M.D. M. D.	University Maryland Hosp.	3-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or county) (State)
city disposal		Johns Hopkins Medical School	MAR 23 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

160c

G728:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G728:58

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louise J. Sheets

2. DATE OF DEATH: Mar. 25. 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 2708 Oswego Av.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 50 Yrs. —Mos. —Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2708 Oswego 15-13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	White	married	Aug 7. 1871	77	7 / 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tobacco
10B. KIND OF BUSINESS OR INDUSTRY: motor truck factory
11. BIRTHPLACE (State or foreign country): Westminster Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilson J. Sheets
14. MOTHER'S MAIDEN NAME: Nellie Slagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no —
16. SOCIAL SECURITY NO.
17. INFORMANT: Dexter L. Sheets — ADDRESS: 2708 Oswego Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1948
DUE TO
(B) Chr. Interstitial Nephritis — 1948
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1949 *to* Mar 25, 1949 *that I last saw the deceased alive on* Mar 24 1949 *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Brown M. D.
23B. ADDRESS: 1663 N. North Av.
23C. DATE SIGNED: 3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-29-49	DAVID RIDGE	PIKESVILLE MD

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Lowry Byers 5005 Park Hgts Ave

VS 150

131a

CERTIFICATE CORRECTED 4-4-49

G728:59

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760 G728:59

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Baker, Fannie

2. DATE OF DEATH: 3-27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3402 Hayward Avenue

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-2-(88)
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Young Clark
14. MOTHER'S MAIDEN NAME: Fogle, Jenny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 Min.
DUE TO
(B) Arteriosclerotic Gangrene — 1 Mo.
DUE TO
(C) Diabetes Mellitus.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 23 Mar 49
19B. MAJOR FINDINGS OF OPERATION: Diabetic Gangrene Toes R. foot
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Mar, 1949 *to* 27 Mar, 1949 *that I last saw the deceased alive on* 27 Mar, 1949 *and that death occurred at* 6 55 *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. V. Ulan M. D.
23B. ADDRESS: Franklin Square Hosp.
23C. DATE SIGNED: 27 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: All Saints
24D. LOCATION (City, town, or county) (State): Reisterstown

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 505 N. Lightsbe

VS 150

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G72860

BIRTH NO. BL. 49-06143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72860

1. NAME OF DECEASED (Type or Print): Baby Boy Dubner

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 6 hrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24
D. STREET ADDRESS (If rural, give location): 425 N. Port Street 6-2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: March 15, 1949
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 6hr
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Armon Dubner
14. MOTHER'S MAIDEN NAME: Mildred Roth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mildred Dubner — ADDRESS: 425 N. Port St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) anoxia

DUE TO

(B) Pulmonary Edema

DUE TO

(C) Cause Undetermined
Cardiac Tamponade

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1949 *to* Mar 15, 1949 *that I last saw the deceased alive on* Mar 15 1949 *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sydney A. Warren M.D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: Mar 19 49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Johns Hopkins Medical School
24D. LOCATION (City, town, or county) (State): MAR 23 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

157E

G72861

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72861

Registered No.

1. NAME OF DECEASED (Type or Print): Allen J. Gittings, Sr.

2. DATE OF DEATH: March 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jenkins Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-1
D. STREET ADDRESS (If rural, give location): 3718 Greenmount Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	July 7, 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Gittings
14. MOTHER'S MAIDEN NAME: Mary Bird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Allen J. Gittings — ADDRESS: 3718 Greenmount Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Hypertension. Cardio Vasc. Di.
DUE TO
(C) Generalized Atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1948, *to* March 25, 1949, *that I last saw the deceased alive on* March 24, 1949, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles L. Carr Jr. M.D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 3/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-29-49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral ~~Wiedefeld & Son~~
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wiedefeld & Son — ADDRESS: Greenmount Ave & 22nd St.

VS 150

61

BB-124050

G72862

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 Registered No. G72862

1. NAME OF DECEASED (Type or Print): Richard Meek

2. DATE OF DEATH: 3-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
C. Length of stay in Baltimore: 48 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 909 Sharp St. 22-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Div.	Jan. 19, 1903	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles O. Meek
14. MOTHER'S MAIDEN NAME: Isabel Kirk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Greg Hammond ADDRESS: 3107 Poplar Ave

MEDICAL CERTIFICATION

(Immediate cause should write the causes of death clearly and legibly. Street age is especially important. Physicians: please write legibly.)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Astrocycima, left parietal lobe — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos.
DUE TO
(B) (Unknown)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-25-48 *to* 3-27-49, *that I last saw the deceased alive on* 3-27-49 *and that death occurred at* 12:55 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. L. Rogers M. D.
23B. ADDRESS: 4940 EASTERN AVENUE
23C. DATE SIGNED: 3-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck ADDRESS: 5305 Harford

54a

G72863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

Registered No. G72863

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Barrett.

2. DATE OF DEATH: March 26, '49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, CB 1-2
D. STREET ADDRESS (If rural, give location): 2109 Clifstwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year: If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
male	White	Married	11-4-1888	60

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Claim Adjuster.		Balto Md	

13. FATHER'S NAME: James J Barrett

14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-05-9614

17. INFORMANT: Mrs Mary Barrett — ADDRESS: 2109 Clifstwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertensive Cardio-Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1949, to March 26, 1949, that I last saw the deceased alive on March 26 1949, and that death occurred at 10 50 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M.D. | 23B. ADDRESS: 1400 N. Caroline St. | 23C. DATE SIGNED: March 28/1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 3/30/49 | 24C. NAME OF CEMETERY, CREMATORY OR OTHER PLACE: [redacted] | 24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: Leonard Luck | ADDRESS: 5305 Harford Rd

VS 150

937

G72864 G72864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY MICHAEL HOFFMAN.

2. DATE OF DEATH: 3-27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY: Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-5

c. Length of stay in Baltimore: 61 Yrs. 0 Mos. 1 Days

D. STREET ADDRESS (If rural, give location): 3037 FLEETWOOD AVE, Parkv

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M.	3-26-1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LOCOMOTIVE ENGINEER	B.O.	Baltimore Md	

13. FATHER'S NAME: BERNARD HOFFMAN.

14. MOTHER'S MAIDEN NAME: MOLLY ALDERSTEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		HENRY HOFFMAN	BALT. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) H.C.V.D. + nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO

(B) SEN. A.S.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* MAR 21, 1949 *to* MAR 27, 1949 *that I last saw the deceased alive on* MAR 26, 1949, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm E. Brown M.D.	Union Memorial Hosp	3-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/30/49	Mount Cathedral	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Leonard J. Luck-5305	Harford

VS 150

131a

G72865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-70.5

G72865

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) MARY O. MC NULTY

2. DATE OF DEATH 3.26.49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green + Lombardi to Universities Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-24

D. STREET ADDRESS (If rural, give location) 3613 Liberty Heights Ave

c. Length of stay in Baltimore 56 yrs (Yrs. Mos. Days)

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 5/3/1892

9. AGE (In years last Birthday) 56 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner

10B. KIND OF BUSINESS OR INDUSTRY For Self

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew McNulty

14. MOTHER'S MAIDEN NAME Mary Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Winifred H Shearer ADDRESS 3613 Liberty Hts Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fecal peritonitis — (Interval between onset and death) 1 day

DUE TO

(B) Low intestinal obstruction — 10 days

DUE TO

(C) not determined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3.25.49

19B. MAJOR FINDINGS OF OPERATION Fecal peritonitis

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23 *,* 19 49 *to* 3.26 *,* 19 49 *that I last saw the deceased alive on* 3.26 *,* 19 49 *and that death occurred at* 4:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Alfred Goldenheimer M. D.

23B. ADDRESS Universities Hosp

23C. DATE SIGNED 3-26 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/29/49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem

24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR John J. Cowan + Son

ADDRESS 901 Light St.

VS 150

122 B

G72866

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72866

1. NAME OF DECEASED (Type or Print): WILLIAM D. STANTON

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital, Inc. of Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write B.I.B.A.L. and give township): Rural Balto. Co.
D. STREET ADDRESS (If rural, give location): 7225 Hilltop Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13-1898
9. AGE (In years last birthday): 50
If Under 1 Year: Months 6 Days 12
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanton
14. MOTHER'S MAIDEN NAME: Bessie Goodwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO: 215-05-5172
17. INFORMANT: Marguerite R. Stanton
ADDRESS: 7220 Hilltop Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction
DUE TO
(B) Coronary Occlusion
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24 *1949 to* 3-25 *1949, that I last saw the deceased alive on* 3-25 *1949, and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Barnett Berman M.D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: Mar 29-1949
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John C. Miller
ADDRESS: 2334 Jefferson St.

VS 150

94a

G72867
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 Registered No. G72867

1. NAME OF DECEASED (Type or Print): HATTIE B. WILLIAMS
2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH
A. Baltimore City, Maryland 1402 E. Biddle St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 10-1
D. STREET ADDRESS (If rural, give location): 1402 E. Biddle St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C.	MARRIED	9-5-03	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Richmond, Va.	

13. FATHER'S NAME: Archie Jones
14. MOTHER'S MAIDEN NAME: Susie Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Gladys Johnson	1029 Somerset St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho-Pneumonia
DUE TO
(B) Exposure & Laudanum
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11-49 to 3-25-49, 19__ *that I last saw the deceased alive on* 3-25-49, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jas. S. Blake M. D.
23B. ADDRESS: 1603 N. Caroline St
23C. DATE SIGNED: 3-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3-29-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph S. Loch, Jr.
ADDRESS: 130 N. Central Ave.

VS 150

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G72868 G72868

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS KEHOE

2. DATE OF DEATH: 3-24-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland 241 S. BOULDIN ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-10
D. STREET ADDRESS (If rural, give location): 241 S. BOULDIN ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	WIDOWED	OCT. 31, 1862	86	4 / 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	ROLLING MILL	BALTIMORE, MD.	

13. FATHER'S NAME: JAMES KEHOE

14. MOTHER'S MAIDEN NAME: CATHERINE BARRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—	—	—

17. INFORMANT: JAMES KEHOE ADDRESS: 241 S. BOULDIN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardosis — DUE TO

(B) Hypertensive cardiovascular disease — DUE TO

(C) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/— , 1938, *to* 3-24 , 1949 *that I last saw the deceased alive on* 3-24 , 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John J Foulk M. D.	1477 Eastern	3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	3-28-49	MORELAND MEMORIAL	TAYLOR AVE.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Joe Williams, M.D.	Charles H. Zitlau	901 S. Conkling St.

VS 150

93Y

TIFICATE CORRECTED [illegible]

G72869 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72879 — Registered No.

1. NAME OF DECEASED (Type or Print): Addison E. Robinson, Sr.

2. DATE OF DEATH: Mar.26,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: 6011 York Road.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
c. Length of stay in Baltimore: 64 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 6011 York Road 59-48

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	Jan.29,1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret'd Comm.Merchant,	Produce	Talbott County, Md.	U.S.A.

13. FATHER'S NAME: Charles R. Robinson,

14. MOTHER'S MAIDEN NAME: Mary Lizzy White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes (Re)	Spanish American		Mrs.Angelina Robinson,	6011York Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca of Pancreas & Metastasis to Liver — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Mar. _____, 1949 *that I last saw the deceased alive on* Mar. 19 49 *and that death occurred at* noon *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph Robert Vitale M. D.	3508 Bank St.	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/29/49	Lorraine Cem.	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	Le Vernon Lawrence	4611 Pk. Hgts. Ave.

VS 150

462

G72870

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

591

Registered No. G72870

1. NAME OF DECEASED (Type or Print): Robert Avon Bennett

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1741 N. Carey ST.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1741 N. Carey St. 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Col.	Married	7-21	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Clerk	U.S. Post Office	Balto. Md.	U.S.A.

13. FATHER'S NAME: William Bennett

14. MOTHER'S MAIDEN NAME: Edith S Pratley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.		Irene Bennett	1741 N. Carey St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Cerebral Hemorrhage — (INTERVAL BETWEEN ONSET AND DEATH) 3/24/49

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO: Chronic Parenchymatous Nephritis — 1947
(C) Uremia — 3/19/49

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arterial Regurgitation, Hypertension — 1947

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 3/19, 1949 *to* 3/25, 1949 *that I last saw the deceased alive on* 3/24, 1949, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Ralph J. Young, M. D.	1429 E Monument St	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-28-49	Arbutus Memorial	Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1949	Huntington Williams, M.D.	George D. Kelson	1303 Presstman St

VS 150

1318

G72871 ✓ G72871

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47

Registered No.

1. NAME OF DECEASED (Type or Print): JAMES JACKSON

2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 15 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 118 N. Bond Street 6-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Single	April 21-81	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Lynchburg Va	U. S. A.

13. FATHER'S NAME: Thomas Jackson
14. MOTHER'S MAIDEN NAME: Sarah Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elizabeth Bayden 1575 Newport Pl. N.W. Wash. D. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial degeneration
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Paul L Ryer M.D.
23B. CHIEF MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/28/49	Prospect Cemetery	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Lovington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1005 Bentley ave

VS 111

93D

Street sign is especially important. Physicians: please write the cause of death clearly and legibly.

G728.72 G728.72

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 420.1

Registered No.

1. NAME OF DECEASED (Type or Print): CARROLL JEROME GRANEY
2. DATE OF DEATH: MAR 26 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland 546 E. 38TH ST
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 546 E. 38th St.
c. Length of stay in Baltimore: life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 546 E. 38th St.
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 5, 1893
9. AGE (In years last birthday): 55 yrs. (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Maintenance
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Patrick Graney
14. MOTHER'S MAIDEN NAME: Bridget Shea
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO: 212-10-7066
17. INFORMANT: Mrs. Elizabeth Graney ADDRESS: 546 E. 38th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1 day (—)
DUE TO
II ANTECEDENT CAUSES
(B) CORONARY SCLEROSIS — 1½ YRS
DUE TO
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1947 *to* MAR 26, 1949 *that I last saw the deceased alive on* DECEMBER, 19____, *and that death occurred at* 9.20 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. H. D. Mack M. D.
23B. ADDRESS: 513 E. 39th St
23C. DATE SIGNED: Mar 26 '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/49
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

94a

G72873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 74

G72873

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Lucia Vanghera DI Giugno

2. DATE OF DEATH: 3/26 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 5019 Belair Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5019 Belair Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Dec. 8 1882	66	3	18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home		

13. FATHER'S NAME: Raffaele Vanghera

14. MOTHER'S MAIDEN NAME: Michela ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT — ADDRESS
		Josephine Di Marco 5019 Belair Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma uteris — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/23/48	Carcinoma of uterus	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/22, 1947, *to* 3/26, 1949, *that I last saw the deceased alive on* 3/26, 1949, *and that death occurred at* 10A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. T. Battaglia M. D.	5829 Belair Rd	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 29/49	Holy Redeemer Cemetry	4439 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Frank Della Vedova 322 S. High St.

VS 150

486

G728.74

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 G728.74 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Samuel H. Noel

2. DATE OF DEATH: 3/28/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1104 Green Mount Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1104 Green Mount Ave 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	9/5/1882	66	6	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cutter	Paper	Va.	

13. FATHER'S NAME: Alexander R. Noel

14. MOTHER'S MAIDEN NAME: Sarah Bill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of right lung.	6 mos.
DUE TO		
ANTECEDENT CAUSES. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 10, 1949 *to* March 28, 1949 *that I last saw the deceased alive on* March 28, 1949, *and that death occurred at* 7:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Silverfine M. D.	714 E. Preston St	March 28

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	St. Peters	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Washington Williams, M.D.	Wm Cook Inc	1217 St. Paul St

VS 150

47

G728?5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151

G728?5

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH H. SEAGER

2. DATE OF DEATH March 28, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1318 Maple Ave, Arbutus

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widow	Sept 5 19	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Baltimore	Baltimore, Md	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Manning	Margaret Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH
	(A) Carcinoma of stomach	17 Mo's.
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Pancreatic Cyst	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 12, 1949	Pancreatic cyst; carcinoma of stomach	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (Inside, in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 8 1949 *to* March 28, 1949; *that I last saw the deceased alive on* March 8, 1949, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John M. Bloom Jr M.D.	South Bal'o. General Hosp	March 28, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.

VS 150

46B

6728'6

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6728'6

1. NAME OF DECEASED (Type or Print): William F. Brayden

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1422 Madison Ave. 14 27

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Single	About 1877	About 72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R	R	Balto. Md.	

13. FATHER'S NAME: Wm Brayden

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Garner F. Tase Jr. ADDRESS: 4015 Fleetwood Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/31/49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Geo. Rhoe ADDRESS: 127 St. Paul St.

VS 151

93D

G728.7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

434.3 G728.7

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): LUCY E. BUNDY

2. DATE OF DEATH: March 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1626 Division Street

c. Length of stay in Baltimore: 86 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1626 Division Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 11, 1863
9. AGE (In years last birthday): 85 — If Under 1 Year: Months 8 Days 10 — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meherrin, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Giles Voten
14. MOTHER'S MAIDEN NAME: Martha Jane ??????

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Arthur Ryan — ADDRESS: 539 Presstman Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ORGANIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: History indefinite
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 26, 1949 *to* March 27, 1949 *that I last saw the deceased alive on* March 26 1949, *and that death occurred at* 1:15 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: H. Garland Churchill M. D.
23B. ADDRESS: 1534 Druid Hill Ave
23C. DATE SIGNED: March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1091 Druid Hill Ave.

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95c

G728.8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 420 1

G728.8

BIRTH NO.

1. NAME OF DECEASED (Type or Print) - MINNIE BRILL

2. DATE OF DEATH 3-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-25
D. STREET ADDRESS (If rural, give location) 822 No Washington St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4001 Derby Manor Drive

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH | 9. AGE (In years last birthday) 59 | If Under 1 Year Months Days | If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Moses | 14. MOTHER'S MAIDEN NAME Yetta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT Herbert Iverne ADDRESS 4001 Derby Manor Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, &c. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Several Hours

DUE TO

(B) Coronary Sclerosis — 3 years ±

DUE TO

(C) Arteriosclerotic Cardio Vasc. Disease — 3 years ±

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 3 to 1947 *to* March 27, 1949 *that I last saw the deceased alive on* March 28, 1949 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE Thomas [illegible] Wolf M.D. | 23B. ADDRESS 11 E. Chase St. Baltimore 2 | 23C. DATE SIGNED 3/28/1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 3-29-49 | 24C. NAME OF CEMETERY OR CREMATORY Hebrew Herrang Dan | 24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949 | REGISTRAR'S SIGNATURE [illegible] Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Jack Levin Inc | ADDRESS 2100 Eutaw Pl

VS 150

937

G72879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9-9-8 G72879

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): ISRAEL LEVITZ N-990 | 2. DATE OF DEATH: March 26, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland | B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 115 N. Front Street

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Back Basin Ft. of Central Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Male	White	Single		40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md	

13. FATHER'S NAME: Frank | 14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Katherine Snyder	2655 Osweego Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Harbor	(Harbor) Found: Back Basin--Ft. of Central Ave.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Found: 3-26-49 11:30 A. m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Found Drowned 3/a

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [X].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Emil Ross M.D.		3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-29-49	Hebrew Mt Carmel	Balto Md

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Place

VS 151

183

PANeK

G72880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G72880 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter Wladyslaw Panek

2. DATE OF DEATH March 27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 505 S. Patterson Pk.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 505 S Patterson Park Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 1-03
D. STREET ADDRESS (If rural, give location) 505 S. Patterson Park Ave

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

9. AGE (In years. If under 1 year: Months, Days. If under 24 hours: Hours, Min.) 62

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Panek

14. MOTHER'S MAIDEN NAME M. Zumpkowska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 229-07-9997

17. INFORMANT Mary Panek ADDRESS 505 S. Patterson Pk.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death) I (A) Adeno carcinoma stomach DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO

(C) metastasis to liver

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 5 months

19A. DATE OF OPERATION Oct 1948

19B. MAJOR FINDINGS OF OPERATION Adeno-carcinoma Johns Hopkins Hosp.

20. AUTOPSY? YES NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 24 1948 *to* Mar. 27 1949 *that I last saw the deceased alive on* Aug. 1948 *and that death occurred at* 1045 p m. *from the causes and on the date stated above.*

23A. SIGNATURE Sigmund R. Nowak M.D.

23B. ADDRESS 408 S. Patterson Pk. Ave.

23C. DATE SIGNED 3-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE March 31/49

24C. NAME OF CEMETERY OR CREMATORY Holy Rosary

24D. LOCATION (City or County) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949

REGISTRAR'S SIGNATURE Huntley for Williams, M.D.

FUNERAL DIRECTOR Fred W. Ozazewski ADDRESS 1980 Eastern Ave. 46B

VS 150

G72831

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72831

1. NAME OF DECEASED (Type or Print) MRS. FLORENCE E. WILLETT

2. DATE OF DEATH 3/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSPITAL

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11
D. STREET ADDRESS (If rural, give location) 812 W. 37th St.

5. SEX F
6. COLOR or RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 18, 1888
9. AGE (In years last birthday) 60
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME FRANK BEHLER

14. MOTHER'S MAIDEN NAME SARAH SUTCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Donald E. Willett ADDRESS 812 W. 37th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY THROMBOSIS
DUE TO
(B) ARTERIOSCLEROTIC HEART DISEASE
DUE TO
(C) DIABETES MELLITUS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/25, 1949, *to* 3/26, 1949, *that I last saw the deceased alive on* 3/26, 1949, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Donald C. Hunter M. D.
23B. ADDRESS CHURCH HOME & HOSPITAL
23C. DATE SIGNED 3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE March 29-1949
24C. NAME OF CEMETERY OR CREMATORY Carroll Chapel
24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949
REGISTRAR'S SIGNATURE Thurlington Williams, M.D.
25. FUNERAL DIRECTOR Burgee Funeral Home
ADDRESS 3631 Falls Road

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G72882

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine Heiderman

2. DATE OF DEATH: MAR 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 72 years (Yrs.) (Mos.) (Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 293 S. Arunah Ave. 16-06

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-23-76
9. AGE (In years last birthday): 72 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Friedrich Rudolph
14. MOTHER'S MAIDEN NAME: Catherine Hinkle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arterio-sclerosis

DUE TO

(C) Post-menopausal bleeding · anemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21- , 1949 *to* 3-28- , 1949 *that I last saw the deceased alive on* 3-28- , 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: S. R. Trook M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/31/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: 2700 Edmondson Ave

VS 150

93D

G72883 2735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.1 G72883 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dorothy Cecelia Blake

2. DATE OF DEATH: MAR 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 24 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 905 S. Belnord Ave. 1-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
female	white	single	10-4-24	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
waitress		Md.	

13. FATHER'S NAME: Robert Blake

14. MOTHER'S MAIDEN NAME: Frances Novak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of Liver — Interval between onset and death: 6 mos

DUE TO

(B) Chronic Alcoholism — 7 yrs

DUE TO

(C) Malnutrition

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-12- *, 1949 to* 3-28- *, 1949 that I last saw the deceased alive on* 3-28- *, 1949, and that death occurred at* 6 23 *Am., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Richard S Ross M.D.	JOHNS HOPKINS HOSPITAL	3.28.49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 31/49	Sacred Heart Cem	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Registrar for Williams, M.D.	Philip Irving Sons, Calvert St	

VS 150

124a

BIRTH NO. 72884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 Registered No. 72884

1. NAME OF DECEASED (Type or Print): George C. Maseth

2. DATE OF DEATH: Mar. 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 408 S. Macon St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.
D. STREET ADDRESS (If rural, give location): 408 S. Macon Street 26-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Nov. 22, 18	63	4 / 4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Revere Brass Co.

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Maseth

14. MOTHER'S MAIDEN NAME: Louisa ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --

(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO: 216-03-3942

17. INFORMANT: Mrs. Emma L. P. Maseth — ADDRESS: 408 S. Macon St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 1 - 1949 *to* March 26 1949 *that I last saw the deceased alive on* March 26, 1949 *and that death occurred at* 7.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Casimir Kimmowski M. D.	2549 Eastern Ave.	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 29/49	Baltimore Cem	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Philip Stewart Sons	2024 Orleans St.

VS 150

937

G72885

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150 G72885 Registered No.

1. NAME OF DECEASED (Type or Print) JOHN ANDREW KUROWSKI

2. DATE OF DEATH March 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1711 Lancaster St. 2-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Single	6/16/91	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Longshoreman		Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Kurowski	Victoria ? Ojdanowicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
Yes	215-07-0015	Records- US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hemorrhage due to Carcinoma of esophagus	10-15 minutes 4 mos
DUE TO (B)		
DUE TO (C)		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 19, 1949 *to* Mar. 27, 1949, *that I last saw the deceased alive on* Mar. 27, 1949 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M.D.	US Marine Hospital, Balto, Md.	3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-31-49	Holy Rosary Cem.	Baltimore County MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 29 1949	Huntington Williams, M.D.	John H. Weber 401 S. Chester St

VS 150

46a

72886
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no. 1 G72886
Registered No.

1. NAME OF DECEASED (Type or Print): ELSIE SPIELMAN

2. DATE OF DEATH: Mar. 28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3602 Forest Park Av
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3602 Forest Park Avenue
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3602 Forest Park Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months 2, Days 12 — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Morris Davis
14. MOTHER'S MAIDEN NAME: Lena Spillman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Samuel I. Spielman — ADDRESS: 3602 Ave. Forest Park

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) & acute pulmonary edema Hypertensive cardio-vascular disease.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. E. Needle M. D.
23B. ADDRESS: 2314 - N. Nate Thomas
23C. DATE SIGNED: 3/29/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/49
24C. NAME OF CEMETERY OR CREMATORY: Aitz Chaim Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: S. Levinson & Bros
ADDRESS: 1124 W North Ave.

VS 150

937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 772837 — Registered No. 672867

1. NAME OF DECEASED (Type or Print): Lena Bond
2. DATE OF DEATH: 3/28/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 310 E. Glenmore Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	widow	June 1, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	

13. FATHER'S NAME: Robert Taylor
14. MOTHER'S MAIDEN NAME: Eliza Jane Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. M. Richard McDonnell	3101 E. Glenmore Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic C. V. disease	
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	Oaklawn Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 151

937

G72838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72838
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jane Emily Snyder

2. DATE OF DEATH: 3/28/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SBGH

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2713 Hampden Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	married	Jan. 16, 1902	47 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Summerset Co., Md.	

13. FATHER'S NAME: William A. Kelly

14. MOTHER'S MAIDEN NAME: Bertha Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give War or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
–			Mr. John W. Snyder	2713 Hampden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 min

DUE TO

(B) Iliac Phlebothrombosis — ?

DUE TO

(C) Hysterectomy, Vaginal — 10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/17/49	Adenomyosis Uteri	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
–	–	–

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
– m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	–

22. *I hereby certify that I attended the deceased from* 3/14/, 1949 *to* 3/28/, 1949 *that I last saw the deceased alive on* 3/25/, 1949 *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Chas. L. Bell Jr. M. D. — 23B. ADDRESS: SBGH — 23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	Meadowridge Cem.	Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 150

562

72889 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 900.0 G72889 Registered No.

1. NAME OF DECEASED (Type or Print): Walter Thompson — N-855.1
2. DATE OF DEATH: March 26, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 107 McMechen Street
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)
D. STREET ADDRESS (If rural, give location): 107 Mc Mechen St 14 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
Male	Colored	Married	July 7, 1883	65	7	29		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Maryland	America

13. FATHER'S NAME: Joseph Thompson
14. MOTHER'S MAIDEN NAME: Margaret Sample
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Beulah Thompson — ADDRESS: 107 McMechen St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, shock, but means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Day
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cerebral Concussion — 57 DAYS
DUE TO
(C)
CERTIFICATION APPROVED BY
CHIEF OR ASST. MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Apartment House
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 111 McMechen St
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 3 49 7 a. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fell down steps while carrying some furniture and was injured

22. I hereby certify that I attended the deceased from 2-3-49 to 3-26, 1949, that I last saw the deceased alive on 3-26, 1949 and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Richard [illegible] Hunt M. D.
23B. ADDRESS: 1631 W. Franklin
23C. DATE SIGNED: 3-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 3-30-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: [illegible] Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] Frances A. Heaney
ADDRESS: 55 W. Biddle St.

VS 150

186a

G72890 Dr. Speed 11 E. Chase St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 600.0 G72890 Registered No.

1. NAME OF DECEASED (Type or Print): KATHERINE WUERMSER

2. DATE OF DEATH: MAR. 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution; give street address or location): 4411 Old York Road
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4411 Old York Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Nov. 17, 1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Germany	

13. FATHER'S NAME: Eduard Thau

14. MOTHER'S MAIDEN NAME: Margaret Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. Louis Wuermser,	4411 Old York Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Chronic pyelonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

G. L. Merrill M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/25, 19 49, *to* 3/28, 19 49, *that I last saw the deceased alive on* —, 19 —, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. L. Speed III M. D.	11 E. Chase St.	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-30-49	Prospect Hill	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Hampton Williams, M.D.	Leonard J. Ruck,	5305 Harford Rd.

VS 150

133a

G72891

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

002

G72891 Registered No.

1. NAME OF DECEASED (Type or Print): James Samuel Johnson

2. DATE OF DEATH: 3-25-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay: Baltimore 24 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 407 N. Fremont

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-1-87
9. AGE (In years last birthday): 62 52 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sumter, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Johnson
14. MOTHER'S MAIDEN NAME: Lucy Lett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Alice Stukes ADDRESS: 501 Thompkins Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Empyema
DUE TO, OR AS A CONSEQUENCE OF
(B) Atelectasis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23 1949, to 3-25 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE: L. Bradley, M. D.
23B. ADDRESS: 1100 Druid Hill Ave
23C. DATE SIGNED: 3-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-30-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary and Brooklyn
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Hunting for Williams, Mgr
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams ADDRESS: 822 N. Johnson St

VS 150

136

G72892

72892

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 120

Registered No.

1. NAME OF DECEASED (Type or Print): Clara Cecilia Eichelberger

2. DATE OF DEATH: Mar 27 49

3. PLACE OF DEATH:
a. Baltimore City, Maryland — 419 N Charles St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

c. Length of stay in Baltimore: Life Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md — COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 419 N Charles St 4-21

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 6-23-1864
9. AGE (In years last birthday): 84 yrs — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Baker
14. MOTHER'S MAIDEN NAME: Caroline Billups

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mrs R. L. Groom — ADDRESS: 419 N Charles

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) acute coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Arteriosclerotic Heart Disease — yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16, 1949 *to* Mar. 27, 1949 *that I last saw the deceased alive on* Mar. 20 1949, *and that death occurred at* 3 30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. Downs, M. D.
23B. ADDRESS: 4808 Harford Rd.
23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Thomas for Williams, M.D.
25. FUNERAL DIRECTOR: Stewart Mortuary — ADDRESS: Balto.

VS 150

93D

BIRTH NO. 6728?3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6728?3

1. NAME OF DECEASED (Type or Print): Miss Lya Baugh

2. DATE OF DEATH: 3/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Union Memorial Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10
D. STREET ADDRESS (If rural, give location): 4544 Schenley Rd. Balt. 10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	single	July 6, 1863	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Retired	Virginia	

13. FATHER'S NAME: Charles Baugh

14. MOTHER'S MAIDEN NAME: Lya von Buchholtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mrs. Frederick Baugh	207 Woodland Ave. Balto. 10.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

DUE TO

(B) Senility

DUE TO

(C) Congestive failure

DUE TO

A. S. - Elevated

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 25 '49, *to* March 27 '49, *that I last saw the deceased alive on* March 27, 1949, *and that death occurred at* 1:50 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Parker Heath Jr. M. D.	Union Memorial Hospital	3/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	3/30/49	Hollywood	Richmond Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Steward Memorial Co.	Balto.

VS 150

93D

BIRTH NO. 72894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

561-1

Registered No. G72894

1. NAME OF DECEASED (Type or Print): Thos. Friel

2. DATE OF DEATH: 3/26/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp.

C. Length of stay in Baltimore: Yrs. — Mos. — Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): 3118 St. Paul St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	single		84 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	U.S.A.

13. FATHER'S NAME: John Friel

14. MOTHER'S MAIDEN NAME: Mary Clark (Margaret Clark)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Hospital Record

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED PERITONITIS
DUE TO RUPTURED VISCUS (BOWEL)

(B) STRANGULATED FEMORAL HERNIA (RIGHT)
DUE TO

(C) HYPERTENSIVE ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/23, 1949, *to* 3/26, 1949, *that I last saw the deceased alive on* 3/26, 1949, *and that death occurred at* 11:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John W. Shaw M. D.	St. Agnes Hosp.	3/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 30/49	St. Peters	Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	H. C. Wearsbon & Son	605 N. Calvert St.

VS 150

1220

G72895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72895

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rudolph Bhiker

2. DATE OF DEATH March 27 / 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore-md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 109 N-Bentalou St

c. Length of stay in Baltimore Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2209-W-Fayette St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months / Days	If Under 24 Hours Hours / Min.
Male	White	Married	Mar-11-1870	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Police	Balto. City-Police	Baltimore Md.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolph Bhiker	Kunigunda Hopf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Louise Bhiker	2209-W. Fayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
(B) Cardio Vascular disease — ?
DUE TO
(C)

ANTECEDENT CAUSES

II. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 15, 1949 *to* Mar 27, 1949 *that I last saw the deceased alive on* Mar 27 1949 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Sherman M. D.	753 W Fayette St	Mar 29

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/30/49	Lorraine Park	Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Livingston Williams, M.D.	H. L. Kippert & Son	923 / 1300 Eutaw Place 17

VS 150

G72896

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72896

Registered No.

1. NAME OF DECEASED (Type or Print): Alexander Cockrell

2. DATE OF DEATH: March 27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1511 N. Eden St.

C. Length of stay in Baltimore: 26 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1511 N. Eden St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Col.	Married	May 29, 1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Chester S.C.	

13. FATHER'S NAME: Legg Cockrell

14. MOTHER'S MAIDEN NAME: Amanda Chesters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mary Cockrell	1511 N Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive cardio-renal disease. — UNK.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/1 1948 *to* 3/27, 1949 *that I last saw the deceased alive on* 3-26, 1949, *and that death occurred at* 8 20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] 23B. ADDRESS: RAYNER BROWNE, M. D. 1500 EAST MADISON ST. BALTIMORE, MD.

23C. DATE SIGNED: 3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 31/49	Mt. Calvary Cem	Balto County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Livingston Williams	Mrs Dott A. Elliott, Daughter	1129 N. Carlton St.

VS 150

131a

G72897

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72897 Registered No.

1. NAME OF DECEASED (Type or Print) ALEXANDER STEEL

2. DATE OF DEATH March 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 315 Forrest Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	Widower	Feb 10	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		N. C.	

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Troy L. Steel	1129 Madison St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic C.V.

DUE TO

(B) Dysuria

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ M.D.	23C. DATE SIGNED
Earl L. Rey		March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	Mt. Calvary Cem	A. A. County

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Clinton Williams, M.D.	Chas. L. A. Elliott & Bro.	1129 N. Caroline St. 97

VS 151

G72898

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20-1

G72898

Registered No.

1. NAME OF DECEASED (Type or Print): ESTELLA HOLLAND

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. ___ Mos. ___ Days ___

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 24 S. Duncan Street

1-25

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/9/1901
9. AGE (In years last birthday): 47
If under 1 Year: Months ___ Days ___
If under 24 Hours: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Raymond Bayley
14. MOTHER'S MAIDEN NAME: Katie Benett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Marion Nelson ADDRESS: 23 S. Duncan St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 3/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave.

VS 151

9.4a

672899

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

672899

Registered No.

1. NAME OF DECEASED (Type or Print): Robert Watson

2. DATE OF DEATH: March 3/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: 37 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 424 N. Bond St. 6-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Married	3/19/1902	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME: Jim Watson

14. MOTHER'S MAIDEN NAME: Annie Piker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Maggie Watson 424 N. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Hugo C. Merrill M.D.		3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/1949	Mt. Calvery Cem.	Brooklyn A.A.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Lennington Williams, M.D.	Elrey O. Wilson	1000 Brantly Ave.

VS 151

13B

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72900 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

677 G72900 Registered No.

1. NAME OF DECEASED (Type or Print): Marion Victoria Franklin
2. DATE OF DEATH: 3/21/44

3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md B. COUNTY BALTO
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): President Hospital
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
c. Length of stay in Baltimore: 27 Yrs. Mos. Days
D. STREET ADDRESS (If rural, give location): 103 Hendricks Ct

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	Negro	married	3/15/11	37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H'wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenburg N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Victoria Johnson
14. MOTHER'S MAIDEN NAME: Mollie Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Burrett Franklin ADDRESS: 103 Hendricks Ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Shock
DUE TO
(B) Ruptured Uterus
DUE TO
(C) Hemorrhage into st. broad ligt
Pos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Version Dramatic Bov. & Version & Extraction

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 14, 1944 *to* Mar 21, 1944, *that I last saw the deceased alive on* 3/21, 1944, *and that death occurred at* 5:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Lozier Jones, M.D.
23B. ADDRESS: 1100 York & Hillen Rds
23C. DATE SIGNED: 3/24/45

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/1944
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1944
REGISTRAR'S SIGNATURE: Evelyn Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

VS 150

149a

JOHNSTON ✓

G72901 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 — G72901 Registered No.

1. NAME OF DECEASED (Type or Print): MADELINE TASKER TILGHMAN — 2. DATE OF DEATH: 3/28/49

3. PLACE OF DEATH: A. Baltimore City, Maryland: BALTO. CITY

4. USUAL RESIDENCE (Where deceased lived before admission): A. STATE 709 ST PAUL ST B-2 — B. COUNTY TOWN

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 709 St. PAUL St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 11-01

c. Length of stay in Baltimore: 65 years (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 709 St Paul St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	WIDOW	JUNE 10TH 1862	86.	9 / 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life): House Wife — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot Co. MD. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD LLOYD TILGHMAN. — 14. MOTHER'S MAIDEN NAME: AGNES RIDDELL OWEN TILGHMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	2 days
DUE TO (B)	Arteriasclerosis	Unknown
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Pneumonia, lobar, (Ethiol unknown)	3 days

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1937 *to* Mar. 27, 1949 *that I last saw the deceased alive on* Mar. 27, 1949 *and that death occurred at* 8.45 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Parsons M. D. — 23B. ADDRESS: 1109 St. Paul St. (2) — 23C. DATE SIGNED: Mar. 28, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 3-30-49 — 24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK — 24D. LOCATION (City, town, or county) (State): BALTO., MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR — ADDRESS: H. W. JENKINS & SONS CO. 4905 YORK RD.

VS 150

108 BALTO. 12

G72902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G72902

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs Laura Stamats

2. DATE OF DEATH Mar. 28, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland Home for Incurables 700 W. 40th St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home For Incurables 700 West 40th St

c. Length of stay in Baltimore 10 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) Y. W. C. A.

5. SEX F.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Feb. 10 - 1866

9. AGE (If less than 1 year old, number of months. If less than 1 month old, number of days. If less than 24 hours, number of hours or minutes.) 83

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ohio

11A. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Saunders

14. MOTHER'S MAIDEN NAME Mary Winans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Laura Fischer - Home For Incurables Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — Interval between onset and death: 5 wks; 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease — 6 years ±

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Amputation Rt. Leg (Union Mem. Hosp.) — Sept. 1945

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 — 29 — 1945 *to* 3/28/ 1949, *that I last saw the deceased alive on* 3/28/ 1949, *and that death occurred at* 11 05 m., *from the causes and on the date stated above.*

23A. SIGNATURE Thomas Conrad Wolf M. D.

23B. ADDRESS 11 E. Chase St. Baltimore 2

23C. DATE SIGNED 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 3/30/49

24C. NAME OF CEMETERY OR CREMATORY -

24D. LOCATION (City, town, or county) (State) Lima, Ohio

DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949

REGISTRAR'S SIGNATURE Thurlington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS William J. Tickner & Sons, Balto. Md.

VS 150

937

G72903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 4/0.1

G72903

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) JAMES W. SHEA

2. DATE OF DEATH MARCH 27, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2623 HAMPDEN AVE

c. Length of stay in Baltimore LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 2623 HAMPDEN AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED	FEB. 28, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME DANIEL SHEA

14. MOTHER'S MAIDEN NAME ELLEN O'BRIEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT MRS RITA RUTLEY ADDRESS 4515 MARBLE HALL AV BALTO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastric ulcer DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) epic DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/25 *1949 to* 3/27 *, 1949 that I last saw the deceased alive on* 3/27 *, 1949, and that death occurred at* 10 *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS 3[illegible] York [illegible]

23C. DATE SIGNED 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 3-31-49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) BALTIMORE (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 29 1949

REGISTRAR'S SIGNATURE Livingston Williams, M.D.

25. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balt. Av

VS. 158

117a

G72904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 40

G72904

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Mary Jessica Esworthy N-803.2

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 3225 E. Fairmont St. 26 10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White Female	Single	Oct. 4, 1934	14		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Maryland	

13. FATHER'S NAME: Archie I. Esworthy

14. MOTHER'S MAIDEN NAME: Kathryn Ramsburg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Archie I. Esworthy ADDRESS: 3225 Fairmount Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured Skull

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore St. and East Ave. 26/10

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28, 1949 8 A.M.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Pedestrian struck by streetcar

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George L. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]

23C. DATE SIGNED: 3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: March 31st 1949

24C. NAME OF CEMETERY OR CREMATORY: Oaklawn

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balt St

VS 151

1712

G72905
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 v. 1

G72905
Registered No.

1. NAME OF DECEASED (Type or Print): Annie Frances Bracken

2. DATE OF DEATH: 28 March 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 4413 Atwick Rd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: None
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4413 Atwick Rd

c. Length of stay in Baltimore: 62 Yrs.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Aug. 5 1864
9. AGE (In years last birthday): 84 (If under 1 year: Months, Days; if under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Flaherty
14. MOTHER'S MAIDEN NAME: Mary Clancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Elizabeth M. Bracken — ADDRESS: 4413 Atwick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Congestive Heart Failure	1 yr.
DUE TO (B)	Arteriosclerotic Cardio Vascular Disease	10 yrs.
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* May 22, 1947 *to* 21 March, 1949 *that I last saw the deceased alive on* 21 March, 1949, *and that death occurred at* 6:22 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L Robinson M. D.
23B. ADDRESS: 5202 Harford Rd
23C. DATE SIGNED: 28 March 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: March 31 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3009 E. Coll. Ave.

VS 150

937

G72906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45.1

G72906

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) REBECCA L. NEVILLE

2. DATE OF DEATH March 27 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1775 Homestead St

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1775 Homestead St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widowed	June 9, 1871	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Penna.	

13. FATHER'S NAME Zachary Dock

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Mrs Walter A. Eldridge	1775 Homestead Balto

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardial Insufficiency	2 mos
DUE TO	(B) Arteriosclerosis	5 yrs
DUE TO	(C) Gangrene of both legs.	1 mo
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Chronic Interstitial Nephritis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1949 *to* March 27, 1949, *that I last saw the deceased alive on* 3/27, 1949, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo L. Spurrier M. D.	3548 Harford Rd	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	3-30-49	Holy Redeemer	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Director for Williams, M.D.	John A. Moran	3000 E. Balt. St.

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G72907 ✓X 443 G72907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) SUSAN MARY BROWN

2. DATE OF DEATH 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Relay
D. STREET ADDRESS (If rural, give location) Box 5172 Viaduct Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	May 30 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Md (Funkstown)	

13. FATHER'S NAME John Rhode

14. MOTHER'S MAIDEN NAME Virginia Spielman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO
no	no

17. INFORMANT Mr. Harry W. Brown-Box 5172 Viaduct Ave. ADDRESS Relay, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Auricular fibrillation

DUE TO Pulmonary infarction

(C) Cerebral Embolism

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/25 1949 *to* 3/29 1949, *that I last saw the deceased alive on* 3/29 1949 *and that death occurred at* 12 30 *m., from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles J. Black, M. D.	Maryland General	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/1/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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G72908

BIRTH NO. B.C. 48-24008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72908

1. NAME OF DECEASED (Type or Print) Robert Nicholas Nelson JR.	2. DATE OF DEATH 3-28-.1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Harford
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4940 Eastern Ave. Baltimore City Hospitals	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural) Jarrettsville MD.
c. Length of stay in Baltimore: Never (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location) Jarrettsville

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	White	S	Jan. 13 -1948	1 Year		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Nicholas Nelson	Elizabeth Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Records Balto. City Hospitals	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Tuberculous Meningitis	4 Months
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1- 2- , 1949, *to* 3- 28- , 1949, *that I last saw the deceased alive on* 3- 28- 1949 *and that death occurred at* 8.30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. L. Brogan M. D.	B.C.H. 4940 Eastern Ave.	3- 29- 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 31 49	Bel Air Burial Park	Bel Air Harford Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 29 1949	Huntington Williams, M.D.	Martin F. Lloyd	Jarrettsville 14 Md.

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G72909

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-21-1

G72909 Registered No.

1. NAME OF DECEASED (Type or Print): Mary Lillie Magarity

2. DATE OF DEATH: March 27 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland - Edgewood Nursing Home

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 27-19
2611 Manhattan Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6600 Belona Ave Baltimore
D. STREET ADDRESS (If rural, give location): 6600 Belona Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert L. J. Conway
14. MOTHER'S MAIDEN NAME: Margaret Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Daughter, Irene Magarity ADDRESS 2611 Manhattan Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO
(B)

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1937 *to* March 1949, *that I last saw the deceased alive on* March 27 1949, *and that death occurred at* 1:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William L Helfrich M. D.
23B. ADDRESS: 5006 Roland Ave - 10
23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mar. 30, 1949
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wiedefeld ADDRESS: 900 East Biddle St

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G72910 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/50.0

G72910

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Charles A. Ward

2. DATE OF DEATH: 3/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

c. Length of stay in Baltimore: 17 Days. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Severn Anne-Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Severn
D. STREET ADDRESS (If rural, give location): New Cut Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/6/1874
9. AGE (In years last birthday): 74 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Ward
14. MOTHER'S MAIDEN NAME: UNKNOWN ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: UNKNOWN
17. INFORMANT: Mildred W. Taubte ADDRESS: Severn, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
(B) Left Cardiac Failure — ?
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Arteriosclerosis Generalized — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Bronchopneumonia both bases — 3 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11, 1949, *to* 3-28, 1949 *that I last saw the deceased alive on* 3/27, 1949, *and that death occurred at* 3:25 A .m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: SBGH
23C. DATE SIGNED: 28 Mar 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Memo. Park
24D. LOCATION (City, town, or county) (State): Dorsey, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thomas W. Singleton ADDRESS: Glen Burnie, Md.

VS 150

107

G72911

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

410 G72911 Registered No.

1. NAME OF DECEASED (Type or Print): Conrad Theodore Wolfarth
2. DATE OF DEATH: March 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 S. Smallwood St.
c. Length of stay in Baltimore: 46 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 301 S. Smallwood St. 20 05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Feb 8, 1899	50	1	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Keeper	Self	Pennsylvania	U.S.A.

13. FATHER'S NAME: Ferdinand Wolfarth
14. MOTHER'S MAIDEN NAME: Anna Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	None	None	Hazel Wolfarth	301 S. Smallwood St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertrophic Cirrhosis of the Liver.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteria sclerosis.
DUE TO
(C) Myocarditis & Mitral Insufficiency
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Preliminary Ordered

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* March 27, 1949, *that I last saw the deceased alive on* March 27, 1949 *and that death occurred at* 3:25 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Nathaniel Utech M.D. | 23B. ADDRESS: 2151 Westwood | 23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	Mar. 30, 1949	Loudon Park	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George L. Schwab | ADDRESS: 2101 Frederick Ave.

VS 150

124a

G729 12 ✓ X G729 12

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

416 Registered No.

1. NAME OF DECEASED (Type or Print): Robert R. Taylor

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE: Md. B. COUNTY: Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 45 Maryland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White		12-13-10	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Pa.	

13. FATHER'S NAME: Robert W. Taylor

14. MOTHER'S MAIDEN NAME: Clara Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Ventricular fibrillation,	30 minutes
DUE TO (B)	Auricular flutter,	7 days
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Rheumatic heart disease	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1949 *to* 3-29, 1949 *that I last saw the deceased alive on* 3-29, 1949, *and that death occurred at* 6.45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Hull M. D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED: March 29 '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: April 1/48 | 24C. NAME OF CEMETERY OR CREMATORY: St Mary's | 24D. LOCATION (City, town, or county) (State): Annapolis Md

DATE RECEIVED BY REGISTRAR: MAR 30 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: B L Hopkins & Son Annapolis | ADDRESS

VS 150

95B

G72913 G72913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 331 Registered No.

1. NAME OF DECEASED (Type or Print): Frank Brauer

2. DATE OF DEATH: Mar 27th 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3731 Brooklyn Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3731 Brooklyn Ave 25-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/22/1879
9. AGE (In years last birthday): 70
If Under 1 Year: Months 1, Days 5; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY: Shipping
11. BIRTHPLACE (State or foreign country): Bohemia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Brauer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Louise Dawson ADDRESS: 3731 Brooklyn Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Arteriosclerosis
DUE TO
(B) Cerebral Arteriosclerosis
DUE TO
(C) Cerebral Hemorrhage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1949, to 3/27, 1949, that I last saw the deceased alive on 3/27, 1949, and that death occurred at 4A m., from the causes and on the date stated above.

23A. SIGNATURE: Vincent M Messina M. D.
23B. ADDRESS: 1403 S Charles St
23C. DATE SIGNED: 3/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): a. a. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 1217 St. Paul St.

VS 150

83a

G72914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Form 1 G72914

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Florence E. Roland

2. DATE OF DEATH: 3/27/49 11 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3246 Keswick Rd

C. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 3246 Keswick Rd 13-05

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 1st 1865
9. AGE (In years last birthday): 83 — If under 1 Year: Months 5, Days 26; If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Spicer
14. MOTHER'S MAIDEN NAME: Mary E. Kroh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Evelyn P. Roland ADDRESS: 3246 Keswick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It should be the disease, injury or complication which caused death.)
(A) Hypertensive Cardio Vascular Renal — DUE TO
(B) Coronary Occlusion — DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 1 mo.
(B) 1 day
(C)

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4 19 49 *to* March 29, 19 49, *that I last saw the deceased alive on* 3-27-49, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Fred Reynolds M.D.
23B. ADDRESS: 400 W. Fayette St. Balto. Md.
23C. DATE SIGNED: 3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/30/49
24C. NAME OF CEMETERY OR CREMATORY: Mountland Park
24D. LOCATION (City, town, or county) (State): Rockville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 127 St. Paul St.

VS 150

93D

G72915 CERTIFICATE CORRECTED N-N-N9 ✓ G72915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Joseph Conroy

2. DATE OF DEATH March 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1311 Ramblewood Rd. 27-30

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	5/13/83	65yr.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dennis Conroy

14. MOTHER'S MAIDEN NAME Lona Gardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Mary S Conroy ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27/ , 19 49 *to* 3/29/ , 19 49 *that I last saw the deceased alive on* 3/29/ 19 49 *and that death occurred at* 11:15AM *from the causes and on the date stated above.*

23A. SIGNATURE Eugene Riley M. D. — 23B. ADDRESS 1400 N. Caroline Street — 23C. DATE SIGNED 3/29/1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 4/1/49 — 24C. NAME OF CEMETERY OR CREMATORY London Park — 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1949 — REGISTRAR'S SIGNATURE for Williams M.D. — 25. FUNERAL DIRECTOR William Cole Son 1219 E Fayette ADDRESS

467

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729878302 Medical Case

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

N-851.9 G72916

Registered No.

Birth No.

1. NAME OF DECEASED (Type or Print): Frieda Beck

2. DATE OF DEATH: MAR 28 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: 45 years (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 920 Abbott Ct. 10 OV

6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	married	6-?-91	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Va.	

13. FATHER'S NAME: William Knight

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sub dural hematoma — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

DUE TO

(B) Arteriosclerosis (Years)

DUE TO

(C) Diabetes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY H. Merrill M

For: John R. Davis M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/24/49	Subdural hematoma	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
accident	home	920 Abbott Ct 10/2

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Feb 1 1949 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Slipped on waxed floor

22. I hereby certify that I attended the deceased from 2-19- 1949 to 3-28- 1949 that I last saw the deceased alive on 3-28- 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maurice Sloan M.D.	JOHNS HOPKINS HOSPITAL	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/30/49	St Mary's Woodlawn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Wilhom	JOHNS HOPKINS HOSPITAL Baltimore Md

VS 150

Released to Hospital to be approved by medical E 1866

G729.17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G729.17

Registered No.

BIRTH NO. B.C. 49-5667

1. NAME OF DECEASED (Type or Print): Baby Boy Brown

2. DATE OF DEATH: March 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore: 1 day (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16
D. STREET ADDRESS (If rural, give location): 1216 Oakhurst Place 16-07

5. SEX	6. COLOR	RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White		S.	March 16, 1949		1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Brown

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Possible Birth Trauma

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Mar 17, 1949 *to* Mar 17, 1949, *that I last saw the deceased alive on* Mar 17 1949 *and that death occurred at* 9:25 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sydney A Warren M.D.

23B. ADDRESS: Sinai Hospital

23C. DATE SIGNED: Mar 23/49

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: Johns Hopkins Medical School

24D. LOCATION (City, town, or county) (State): MAR 23 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Commissioner of Health

ADDRESS:

VS 150

160a

G72918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

761.0

G72918 Registered No.

BIRTH NO B.C. 49-06142

1. NAME OF DECEASED (Type or Print): Wilmoth

2. DATE OF DEATH: March 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore: 15 hrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21
D. STREET ADDRESS (If rural, give location): 5204 Plainfield Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	S.	March 14, 1949			15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Matthew Wilmoth
14. MOTHER'S MAIDEN NAME: Margaret Shatzer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Margaret Wilmoth ADDRESS: 5204 Plainfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Atelectasis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949 to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Ludwig A. Wessen M.D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: Mar 17 49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Johns Hopkins Medical School
24D. LOCATION (City, town, or county) (State): MAR 23 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

160a

72919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760

G72919

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) SARAH PENN

2. DATE OF DEATH 3-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3902 Gonner Road

C. Length of stay in Baltimore 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3902 Gonner Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Married		47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Boston Mass	

13. FATHER'S NAME Morris Segall

14. MOTHER'S MAIDEN NAME Tresa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Joseph Penn	3902 Gonner Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 10yrs.

DUE TO

(B) Arteriosclerosis; arteriosclerotic heart disease

DUE TO

(C) Diabetes Mellitus — 27yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 23, 1949 *to* Mar 29, 1949 *that I last saw the deceased alive on* 29 Mch 1949, *and that death occurred at* 12 Noon *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis P. Hamburger Jr. M.D.	1209 Eutaw Place	29 Mch 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-30-49	Beth Tfiloh	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

61

6729̸20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420

Registered No. 6729̸20

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET A. TALBOTT.

2. DATE OF DEATH: 3-23-49.

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
c. Length of stay in Baltimore: 75 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE. #6
D. STREET ADDRESS (If rural, give location): 6426 ROSEMONT AVE. 27-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	W	AUG 20 1872	76	7	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		BALTIMORE, Md.	U.S.A.

13. FATHER'S NAME: JOHN A. GETZ.

14. MOTHER'S MAIDEN NAME: BARBARA STENGLE.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. Edwin Talbott	3613 Ednor Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO
+
(B) Acute Lt heart failure
DUE TO
+
(C) Lt. cerebral Thrombosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28, 1949 *to* 3-28, 1949 *that I last saw the deceased alive on* 11:30 PM 25, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. P. Benson, Jr. M. D.	Union Mem'l. Hosp.	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/31/49	Greenmount	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Lasselle Funeral Home	7401 Belair Rd.

VS 150

94a

72921

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420.0 G72921 Registered No.

1. NAME OF DECEASED (Type or Print): RSON T. SEYMOUR

2. DATE OF DEATH: March 28th, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md. (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City

D. STREET ADDRESS (If rural, give location): 5716 Seymour Ave. 26-01

B. FULL NAME OF HOSPITAL OR INSTITUTION: 57 [illegible] Seymour ave

c. Length of stay in Baltimore: Yrs. life Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	May 3rd, 1890	58	10	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Letter Carrier	U.S. Govt.	Baltimore County, Md.	U.S.A.

13. FATHER'S NAME: Ulysses Grant Seymour

14. MOTHER'S MAIDEN NAME: Mary Debroah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Nelson T. Seymour ADDRESS: 5716 Seymour Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

(B) Arteriosclerotic Heart Disease — many yrs.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug, 1947 *to* 3-28, 1949, *that I last saw the deceased alive on* 3-28, 1949, *and that death occurred at* 9.45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mark R. English M. D.	5713 Belair Rd.	3-28-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/30/49	Parkwood	Baltimore, Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Loeschs Funeral Home	7401 Belair Rd.

VS 150

93D

Estate Anatomical

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

x86.5 G72922

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Ebert

2. DATE OF DEATH: MAR 12 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 511 Forrest St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White	Singl		70 ?		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman			

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Exposure, Shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malnutrition

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-11- *to* 3-12- *, that I last saw the deceased alive on* 3-12- *, and that death occurred at* 1400 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John Lee Harvey M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Johns Hopkins Medical Section	MAR 23 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

200a

~~29-53~~ 25-46304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G729253

BIRTH NO.

Registered No. 150

1. NAME OF DECEASED (Type or Print) **Drew Murphy**

2. DATE OF DEATH **March 11, 1949**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals**

C. Length of stay in Baltimore **32** Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **No Home** 26 12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	May 6, 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Md**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **William Murphy**

14. MOTHER'S MAIDEN NAME **Phoebe Griffith**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS 4940
RECORDS*BALTO. CITY HOSPITALS EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)
(A) **Carcinoma of Esophagus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

(over)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-3-49 3-8-49	Esophagoscopy + biopsy lesion Esophagus Gastrostomy	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-7- 19 39 *to* 3-11 19 49, *that I last saw the deceased alive on* 3-11 19 49, *and that death occurred at* 5:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. A. Rogers M. D.	4940 EASTERN AVENUE	March 18, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Johns Hopkins Medical School	MAR 21 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

46a

G72924
JL- 96750

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

G72924
Registered No.

1. NAME OF DECEASED (Type or Print) **William A. Johnson**

2. DATE OF DEATH **Mar. 15, 1949.**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Balto. City Hospitals 4940 Eastern Ave.**

c. Length of stay in Baltimore **Life** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **1502 Ashland Ave.** 7-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Negro	Div.	Sept. 29, 1872	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Joseph Johnson**

14. MOTHER'S MAIDEN NAME **Elizabeth ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **B. C. H. Records, 4940 Eastern Ave.**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		Interval between onset and death
(A)	**Convulsions**	3 hrs.
DUE TO		
(B)	**Cerebral Vascular thrombosis**	3 hrs.
DUE TO		
(C)	**Cerebral Arteriosclerosis**	3-4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Hypertensive Arteriosclerotic Heart Disease 3-4 yrs.**

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ **No**

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* **Oct. 18, 1945** *to* **Mar. 15,** 19**49** *that I last saw the deceased alive on* **Mar. 15,** 19**49**, *and that death occurred at* **11.35** *m., from the causes and on the date stated above.*

23A. SIGNATURE M. D. | 23B. ADDRESS **4940 Eastern Ave.** | 23C. DATE SIGNED **3-18-49**

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State)
Johns Hopkins Medical School MAR 21 1949

DATE RECEIVED BY LOCAL REGISTRAR **MAR 30 1949** | REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** | 25. FUNERAL DIRECTOR **Commissioner of Health** ADDRESS

VS 150

937

G72925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72925

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EMMA E. LASINSKI

2. DATE OF DEATH: 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1614 Harford Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1614 Harford Ave. 7-09

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widow	June 25, 1873	75 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Maryland	

13. FATHER'S NAME: John Schwind

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Mrs. Catherine Kirk	5605 Merville Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: John R. Weirs M.D.

23B CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED: 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	4/1/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 151

931

G72926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 W 1

G72926

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): CLARA MABEL WALTEMEYER

2. DATE OF DEATH: March 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4512 Kathland Ave.

C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a STATE: Md.
b COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d STREET ADDRESS (If rural, give location): 4512 Kathland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
female	white	married	Sept. 28, 1881	67 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	-	Baltimore, Md.	

13. FATHER'S NAME: John Brooks

14. MOTHER'S MAIDEN NAME: Annie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Mr. William W. Waltemeyer	4512 Kathland A

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	[illegible]	1 day
DUE TO (B)	Diseased Arteriosclerosis	about 10 yrs
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	[illegible]	about 10 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19__, *to* March 27, 19__, *that I last saw the deceased alive on* [illegible], 19__, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D. | 23B. ADDRESS: 2620 Garrison Blvd | 23C. DATE SIGNED: [illegible]

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3[illegible]/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md.

VS 150

94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 72927

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Hett

2. DATE OF DEATH: March 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 815 Madison Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Widowed	Mar. 1871	abt. 78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	His own	Baltimore, Md.	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	no	Mr. Harry J. Leffert, 103 Beaumont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aortic Stenosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Edema — DUE TO

(C) Cerebral Edema

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 30, '49	Western Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons, Balto., Md.

VS 151

92a

G72928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72928

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET KNECHT

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4913 Ross Road

c. Length of stay in Baltimore: 70 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4913 Ross Road 17-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widow	Sept. 23, 1860	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	USA

13. FATHER'S NAME: Paulus Popp

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO: none

17. INFORMANT / ADDRESS: Mr. Andrew H. Knecht-3316 Leroh Driv

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3/27/49

DUE TO

(B) Arteriosclerosis Heart Dis — years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Osteo-arthritis — yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 46 to Mar. 28, 1949 *that I last saw the deceased alive on* 3-28, 1949 *and that death occurred at* 10:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter S. Kopf M. D.	4331 Harford Rd	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	3/31/49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAR 30 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, Maryland 939

G72929

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63

Registered No. G72929

1. NAME OF DECEASED (Type or Print)	James M. Hatch
2. DATE OF DEATH	Mch 29 '49
3. PLACE OF DEATH: A. Baltimore City, Maryland	1902 Oakhill Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1902 Oakhill Avenue
C. Length of stay in Baltimore	Life Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	
B. COUNTY	1902 Oakhill Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore Md.
D. STREET ADDRESS (If rural, give location)	1902 Oakhill Ave
5. SEX	Male
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Married
8. DATE OF BIRTH	Nov 15 1890
9. AGE (In years last birthday) / If under 1 year: Months, Days / If under 24 hours: Hours, Min.	58 4 14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired
10B. KIND OF BUSINESS OR INDUSTRY	storekeeper
11. BIRTHPLACE (State or foreign country)	Baltimore Md
12. CITIZEN OF WHAT COUNTRY?	USA
13. FATHER'S NAME	James Hatch
14. MOTHER'S MAIDEN NAME	Catharine Wahlen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	yes World War I
16. SOCIAL SECURITY NO	none
17. INFORMANT / ADDRESS	Margaret L. Hatch 1902 Oakhill Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Carcinoma — Interval between onset and death: 1 year

DUE TO

(B) Bronchial Pneumonia = recurrent — 5 yrs

DUE TO

(C) Multiple-Poly-Arthritis — 10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch ____, 19 49 *to* Mch 29, 19 49 *that I last saw the deceased alive on* Mch 28, 19 49 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Faith J Kinzey M.D.	2700 Hanford Road	Mch 30 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	April 1 1949	Balto National	Frederick Rd Balto	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	George J Ruth Inc	1735 Hanford Ave.

VS 150

47D

72930 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E900.0 ✓ Registered No. 8529.0

1. NAME OF DECEASED (Type or Print): LEMMA Lee NERO N-805.0
2. DATE OF DEATH: March 27, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
   B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 107 N. Carey Street
   C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore; D. STREET ADDRESS (If rural, give location) 107 N. Carey Street 18 0 2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White	Married	June 18th 1904	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Jones County, Georgia	U.S.A

13. FATHER'S NAME: George Butler
14. MOTHER'S MAIDEN NAME: Elizabeth Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	NO	?	Mrs. Laura Justis 2702 Holt Drive Columbia, S. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture - dislocation, neck

DUE TO

II. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): a home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 109 N. Carey Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 12, 1949 (?) ? m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Fell down stairsteps 8/2

22. *I certify that I took charge of the remains described above, held an* Partial autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	March 30th 1949	Cresent Cemetery	Columbia, S. C.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Hamilton Williams, M.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: North & Penna Aves

VS 151

186a

72931 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 ✓ G72931 Registered No.

1. NAME OF DECEASED (Type or Print): Mr. George STICHEL

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secour Hosp

c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Baltimd B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location): 136 N. Duncan St 603

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Married	July 11, 1905	43				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Produce Dealer		Baltimd	

13. FATHER'S NAME: Wm Stichel

14. MOTHER'S MAIDEN NAME: Elizabeth Fritch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		212-03-8897	Mrs Elizabeth Stichel	136 N Duncan St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Nephritis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis Liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27/ 1949 *to* 3/29/ 1949 *that I last saw the deceased alive on* 3/29/ 1949 *and that death occurred at* 3 00 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. J. Buehler M. D.	Bon Secours Hosp.	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 1/49	Oak Lawn Cem	Baltimd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Philip Stewart Sons,	Orleans St

VS 150

124 B

72932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4343 Registered No. 6229

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THOMAS OLIVER PALMER

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. 7 Mos. 9 Days 21

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2110 Llewelyn Avenue 8 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	Colored	Married	2-3-03	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef cook		Garner, North Carolina	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Samuel Palmer	Lucy Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		237-12-4036	Mrs. Lucy Palmer	2110 Llewelyn Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute cardiac dilitation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McCafferty M.D.		3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/1/49		Durham, N. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Charles P. Law	802 Madison Ave

VS 151

95c — 1

CERTIFICATE CORRECTED 4-8-49 JMG

G72933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72933

BIRTH NO. B.C. 49-06977

1. NAME OF DECEASED (Type or Print) Baby Girl Bender

2. DATE OF DEATH 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital
C. Length of stay in Baltimore 40 hrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
2303 East Oliver St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 2303 East Oliver St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female ~~Male~~	White	Infant	3/27/49			111

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Md	

13. FATHER'S NAME Robert O.

14. MOTHER'S MAIDEN NAME Irma Lanham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Prematurity - 6 mo gestation	
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Spina bifida	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-27, 1949, *to* 3-29, 1949, *that I last saw the deceased alive on* 3-29, 1949, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. H. Sherwin M. D.	St. Agnes' Hospital	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-30-49	Balto Cem	North Ave. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	John C. Mulloy Sons	2435 E. Oliver St

VS 150

157B

72934 083.0 ✓ 72934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Viola Knisley
2. DATE OF DEATH: 3-26-49
3. PLACE OF DEATH: A. Baltimore City, Maryland D.O.A.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore over 20 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-34
D. STREET ADDRESS (If rural, give location) 1843 Frankford Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	married	Dec 3, 1904	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	-	South Carolina	USA

13. FATHER'S NAME: Robbert Dobberly
14. MOTHER'S MAIDEN NAME: Sarah Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no		George W. Knisley, 1843 Frankford Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Parkonsinism PARKINSONISM — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs
DUE TO
ANTECEDENT CAUSES
(B) Encephalitis — 20 yrs in 1918
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
-	-	-

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Union Memorial Hosp	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	-

22. *I hereby certify that I attended the deceased from* ____, 1933, *to* March, 1949, *that I last saw the deceased alive on* 3-25, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. F. Ey, M.D.	Union Memorial Hospital	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 21, '49	Oak Lawn Cem.	Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Huntington Williams, M.D.	John C. Miller, Inc.,	2435 E. Oliver St.

VS 150

87 c

G72935 BALTIMORE CITY HEALTH DEPARTMENT G72935

CERTIFICATE OF DEATH

581 a Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK FREDRICK C. STOLL

2. DATE OF DEATH 29 MARCH 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL
c. Length of stay in Baltimore 4 boyrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-02
D. STREET ADDRESS (If rural, give location) 857 WASHINGTON BLVD.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	SINGLE	10/10/1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BARTENDER	Cafe	Baltimore Md.	

13. FATHER'S NAME Conrad F. Stoll
14. MOTHER'S MAIDEN NAME Lydia Gephardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.?	17. INFORMANT	ADDRESS
UNKNOWN		SISTER MRS. BON SEIGNEW	2800 JEFFERSON ST. BALTO., MD

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) MASSIVE GASTRO INTESTINAL HEMORRHAGE	2 DAYS
DUE TO		
ANTECEDENT CAUSES	(B) RUPTURED ESOPHAGEAL VARIX	2 DAYS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(C) PORTAL CIRRHOSIS	5-10 YRS?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, [redacted] RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HEPATIC DECOMPENSATION	1 DAY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 27 MARCH, 1949, *to* 29 MARCH, 1949 *that I last saw the deceased alive on* 29 MAR, 1949, *and that death occurred at* 11:25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald F. England M. D.	MARYLAND GEN HOSP	29 MAR 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2/49	London Park Cem.	3800 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	John J. Cowan & Son	Hollins St.

124 a

BIRTH NO. G72936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72936 Registered No.

1. NAME OF DECEASED (Type or Print): William Henry Gurd

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3905 Fourth St.,(Brooklyn)
c. Length of stay in Baltimore: 28 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3905 Fourth St.,

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug.15,1888
9. AGE (In years last birthday): 60
If under 1 year: Months Days
If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather Goods Mfgr.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mapleton, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry R. Gurd
14. MOTHER'S MAIDEN NAME: Maud Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs.Libbie H.Gurd ADDRESS: 3905 4th St.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Marked Anemia secondary

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. & Gastro intestinal bleeding

19A. DATE OF OPERATION: January 1949
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 19 , *to* 3/28 , 1949, *that I last saw the deceased alive on* 3/28 , 1949, *and that death occurred at* 7.50 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Townshend M. D.
23B ADDRESS: 14 E. Eager st
23C DATE SIGNED: 3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/31/49
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Brooklyn, A.A.Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: G.Howard Strong
ADDRESS: 3207 W.North Ave.,

462.

G72937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72937

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Albert Cronin

2. DATE OF DEATH March 27 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital 37th & Calvert sts Baltimore Md

c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 2719 N. Charles St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 2719 N. Charles St. 12 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	white	married	Oct 8th 1881	67	5 / 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tire Dealer		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornelius Cronin	Elizabeth McDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-03-0222	Mrs. Leah Cronin	2719 N. Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

DUE TO

(B) Coronary thrombosis — 3 hours

DUE TO

(C) Arteriosclerotic heart disease — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-27 1949, to 3-27, 1949 *that I last saw the deceased alive on* 3-27 1949, *and that death occurred at* 9 50 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. F. Coy 3rd M. D.	Union Memorial Hospital	3-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	New Cathedral	Balto.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	E. J. Fenning & Son	1938 E. Lafayette Ave.

VS 150

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G72938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

770.0

G72938

BIRTH NO. B.C.-49-06769 Registered No.

1. NAME OF DECEASED (Type or Print): Compton, Baby Girl

2. DATE OF DEATH: Mar. 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR [redacted] (If not in hospital or institution, give street address or location): St. Joseph's
C. Length of stay in Baltimore: Yrs. Mos. Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 410 W. 29th St. 12 07

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 26, 1949
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luen Norman Compton
14. MOTHER'S MAIDEN NAME: Joan V. Clemmens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Erythroblastosis foetalis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 26, 1949 *to* Mar. 26, 1949 *that I last saw the deceased alive on* Mar. 26, 1949, *and that death occurred at* 12:00 M *from the causes and on the date stated above.*

23A. SIGNATURE: J. Joseph Keegan M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Mar. 26 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/31/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore City Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Roach
ADDRESS

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Dr. Lang G72939
2117 Belair Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1 G72939

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY E. KERN

2. DATE OF DEATH: Mar. 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2877 Mayfield Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2877 Mayfield Avenue 8 1 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	June 14, 1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Operator		Baltimore, Md.	

13. FATHER'S NAME: John Kern

14. MOTHER'S MAIDEN NAME: Emma Stribble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212-03-6551	Joseph Karsner	1018 Armstead Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary thrombosis	2½ days
DUE TO (B)	Arteriosclerosis	?
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-26-, 1949 *to* 3-28-, 1949 *that I last saw the deceased alive on* 3-28-, 1949, *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton C. Lang, M.D. M. D.	2117 Belair Rd	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-31-49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30	Funkington Williams, M.D.	Leonard J. Ruck,	5305 Harford Road.

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G72940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5410

G72940 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isaac Oscar Baker

2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: CARROLL
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMALLWOOD
D. STREET ADDRESS (If rural, give location):

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: (April 14, 1895)
9. AGE (In years last birthday): 54
If Under 1 Year: Months: 11 Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store keeper
10B. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Baker
14. MOTHER'S MAIDEN NAME: Mary Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service): YES W.W. I
16. SOCIAL SECURITY NO:
17. INFORMANT: HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Post-operative Atelectasis
DUE TO Peritonitis
ACCIDENT, CAUSES
(B) Peptic Ulcer, Gastric Resection, partial
DUE TO Fistula stump duodenum
(C) Leaking stump duodenum

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: March 27, 1949
19B. MAJOR FINDINGS OF OPERATION: Peptic Ulcer
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28, 1949, *to* 3/30, 1949, *that I last saw the deceased alive on* 3/30, 1949, *and that death occurred at* 7 [illegible] m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Fearing M.D.
23B. ADDRESS: Md. Gen. Hosp.
23C. DATE SIGNED: 3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: April 2, 1949
24C. NAME OF CEMETERY OR CREMATORY: DEER PARK CEMETERY
24D. LOCATION (City, town, or county) (State): SMALLWOOD CARROLL CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: J. FRANCIS REESE ADDRESS: WESTMINSTER, MD.

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G72941 Fickenscher G72941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 53 X Registered No.

1. NAME OF DECEASED (Type or Print): Robert Fickenscher

2. DATE OF DEATH: 3-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hosp
C. Length of stay in Baltimore: Life 52 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md COUNTY: Balto
B. STREET ADDRESS: 308 Riverside Drive
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - 21

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-21-92
9. AGE (In years last birthday): 52 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leeman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: John Fickenscher
14. MOTHER'S MAIDEN NAME: Emma Gensler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Cora Fickenscher
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 Days

DUE TO

(B) Carcinoma of Sigmoid c

DUE TO

(C) Metastasis to Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3-11-49
19B MAJOR FINDINGS OF OPERATION: Ca of Sigmoid & Liver Metastasis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 19 49 *to* 3-28, 19 49, *that I last saw the deceased alive on* 3-28, 19 49, *and that death occurred at* 5-22 *m., from the causes and on the date stated above.*

23A. SIGNATURE: William R. Gant M.D.
23B. ADDRESS: Church Home & Hosp
23C. DATE SIGNED: 3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-31-49
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
24D. LOCATION (City, town, or county) (State): Eastern Ave., Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington for Williams M.D.
25. FUNERAL DIRECTOR: John J. Connelly
ADDRESS: 418 Eastern Ave. Balto 21 Md.

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G72942 G72942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 174

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Mamie Mc Clain Dec'd known as O'melia

2. DATE OF DEATH March 29th

3. PLACE OF DEATH: A. Baltimore City, Maryland 153 N Decker Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 2 mos (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 153 N Decker Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto Md
D. STREET ADDRESS (If rural, give location) 153 N Decker Ave 6-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White	W	Sept 11th 1905	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Baltimore Md	

13. FATHER'S NAME Samuel R. Hook

14. MOTHER'S MAIDEN NAME Flora Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Jos O'Melia	153 N Decker Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Uterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 22, 1949 *to* Mar 29, 1949, *that I last saw the deceased alive on* Jan 28, 1949, *and that death occurred at* 5.45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Fisher, M. D.	1023 N Wast st	3/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	April 2nd	Our Redeemer	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Ulrich Funeral Home	2005 Eden

48B

G72943 BALTIMORE CITY HEALTH DEPARTMENT G72943

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Charles Glenn Cooke

2 DATE OF DEATH March 30-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital.

c. Length of stay in Baltimore 14 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk Md
D. STREET ADDRESS (If rural, give location) 405 Rise Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	Nov 28. 1905	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Foreman	Chambersburg Pa	US

13. FATHER'S NAME Charles A Cooke

14 MOTHER'S MAIDEN NAME Myrtle Benedict

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No		Mrs Margaret Cooke 405 Rise Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Calcific Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Rheumatic Cardio Vascular Dis.

DUE TO

(C) Rheumatic fever.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/28, 1949 *to* 3/30, 1949, *that I last saw the deceased alive on* 3/30 1949, *and that death occurred at* 1 am. *Am., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benson Behrman M. D.	Sinai Hospital	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 4	Oak Lawn	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Ulrich Funeral Home 2028 Eden

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G7294 BALTIMORE CITY HEALTH DEPARTMENT G7294

CERTIFICATE OF DEATH 201

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET DI MARINO

2. DATE OF DEATH March 27, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 4609 Eastern ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City.
D. STREET ADDRESS (If rural, give location) 4609 Eastern ave 26-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	MARRIED	May 13. 1922	26.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home. Wife
10B. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lloyd. Dilley
14. MOTHER'S MAIDEN NAME Mary E. Nelson 5145 Moore St
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Amerose. De Marino ADDRESS 4609. Eastern ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hodgkins disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, to March, 19__, *that I last saw the deceased alive on* March 27 1949, *and that death occurred at* 10:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE John J Gould M. D.
23B. ADDRESS 147 Eastern
23C. DATE SIGNED 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE March 31. 1949.
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State) Eastern ave. Balto County

DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wendell J Hupp ADDRESS 3123 Highland Ave

VS 150

44 B

G72945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72945 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Justus Justice L. Nagel

2. DATE OF DEATH March 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Solley
D. STREET ADDRESS (If rural, give location) Sickelmore Rd.

5. SEX	6. COLOR OR RACE	7. [illegible], MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W		2-6-1893	56	0	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainman - Welder
10B. KIND OF BUSINESS OR INDUSTRY B+O R R
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ludwig Nagel
14. MOTHER'S MAIDEN NAME Mary Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war, or dates of service)
16. SOCIAL SECURITY NO. 184-10-0958
17. INFORMANT Isaac L. Snyder ADDRESS Edgewood Arms Solley Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Earl L. Kopp M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED March 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2-49	Western Cem	Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR: MAR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Edward Foulson Wash. Blvd.

VS 151

94a

Correct age is especially important. Physician must please write the cause of death clearly and legibly.

GN. 124466
2946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

007 G72946
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Scott

2. DATE OF DEATH 3- 16- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore 16 Years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 513 S. Green ST. 22-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
M	Negro	S	Sept. 8-1913	35				

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Phillipine Islands	

13. FATHER'S NAME Willie Scott

14. MOTHER'S MAIDEN NAME Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Records Balto. City Hospitals	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pulmonary Tuberculosis	1 yr.
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-10- , 1948, *to* 3- 16- , 1949, *that I last saw the deceased alive on* 3- 16- , 1949, *and that death occurred at* 12 45 A, *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	B.C.H. 4940 Eastern Ave.	3-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Johns Hopkins Medical School	MAR 28 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

13B

G72947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

410 Registered No. G72947

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anthony Scakowska

2. DATE OF DEATH: March 29/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Lutheran

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor Home for the Aged

c. Length of stay in Baltimore: Yrs. — Mos. — Days 10-1

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1700 Valley St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	S	May 20, 1884	64	10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Scakowska

14. MOTHER'S MAIDEN NAME: Urania —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Sister Ignatius ADDRESS: 1200 Valley St. Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Dilatation of Head	1 day
DUE TO		
ANTECEDENT CAUSES (B)	Mitral Stenosis	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)	Arteriosclerosis	5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mch 1 *, 19*49*, to* Mch 29 *, 19*49*, that I last saw the deceased alive on* Mch 29 *, 19*49*, and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Gill Hall M. D.	1631 E North Ave	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	Mar. 31 1949	Cathedral	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 30 1949	Huntington Williams, M.D.	Rita Wiedefeld	900 E. Biddle St

92R

CERTIFICATE CORRECTED 4-11-49

G72948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72948

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Henry Ridgely Evans

2. DATE OF DEATH March 29, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) Wyman Park Apartment 12-7

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. 7 yrs Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Nov. 7, 1861	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Editor	Newspaper	Baltimore Pennsylvania	American

13. FATHER'S NAME Henry C. Evans

14. MOTHER'S MAIDEN NAME Mary Hanetson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* March 25, 1949, *to* Mar. 29, 1949, *that I last saw the deceased alive on* Mar. 29, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John R. Peress M. D.	Union Memorial Hosp.	3/29/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/1/49	Oak Hill	Washington D. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 31 1949	Huntington Williams, M.D.	Wm Cook Jr. 2 W St. Paul St Balto. Md. 93

VS 150

G72949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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G72949

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): James P. Johansen

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3706 West Bay Ave. 25-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	S	3/25/29	20	-	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	U.S. Ind. Al. Co.	Maryland	

13. FATHER'S NAME: Jens P. Johansen

14. MOTHER'S MAIDEN NAME: Margit Neilsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Family -	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Contusion of brain

Fracture of right humerus

(B) Pulmonary tuberculosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Fort Smallwood Rd. & Batts Rd. a.a.Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 15, 1949 about 1:25 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Motorcycle into roadway sign (ran off the road)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	3/31/49	Glen Haven	Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Grace L. McCully ADDRESS: 130 E. Fort Avenue

VS 151

170D

G72950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

490

Registered No. G72950

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael Yancowski

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 2135 Castle et

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: ? 1890

9. AGE (In years last birthday): 59 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Pulmonary infarction, RML

DUE TO: RLL-

(B) Pneumonia

DUE TO:

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1949 *to* 3/28, 1949, *that I last saw the deceased alive on* 3/27, 1949, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John Cellundhoven M.D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 3-29

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Mar 31-49

24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary

24D. LOCATION (City, town, or county) (State): Germany Hill Road

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: John A. Breidenbach Jr.

ADDRESS: 423 Saint

VS 150

108

AB-127730
G72951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-05973 — Registered No. G72951

1. NAME OF DECEASED (Type or Print): Baby Boy Franklin
2. DATE OF DEATH: 3-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 910 West Fayette Street 18-1

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-22-49
9. AGE (In years last birthday): If Under 1 Year: Months, Days: 2; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore-Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Columbus Franklin
14. MOTHER'S MAIDEN NAME: Pinkie McKenzie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT ADDRESS: 4940 Eastern Ave. Records-Baltimore City Hospitals

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congenital Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22- , 1949 *to* 3-24- , 1949, *that I last saw the deceased alive on* 3-24- , 1949, *and that death occurred at* 11.50Pm *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 3-26-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 3-26-49 At 9.00AM
24C. NAME OF CEMETERY OR CREMATORY: B.C.H.
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS:

VS 150

761a

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72952

ES-127688

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G72952 Registered No.

1. NAME OF DECEASED (Type or Print): Albert De Bruyane or De Behrune

2. DATE OF DEATH: 3-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): City Jail 1036 E FORT AVE 10-3

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Div.
8. DATE OF BIRTH: Nov. 28, 1909
9. AGE (In years last birthday): 39
If Under 1 Year: Months 3 Days 25
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter De Bruyne (De Brune)
14. MOTHER'S MAIDEN NAME: Urhany

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.:
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Caseo pneumonic tuberculosis right upper lobe with dissemination to the right middle and right lower lobes of the left lung.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C):

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pyeloniphritis, fatty liver and cardiac hypertrophy

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1949, *to* 3-23, 1949, *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 12:30 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 EASTERN AVENUE
23C. DATE SIGNED: 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 3/31/49.
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): GERMAN HILL RD.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Charles J. Zirkin
ADDRESS: 901 S. Conkling St.

VS 150

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G72953

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72953

1. NAME OF DECEASED (Type or Print): Benjamin Ciesielski

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 511 S. Patterson Park Av.e

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
W	m	Married	May 18, 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Labor	Poland	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No		Anna Haase 834 S. Luzerne Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence noted by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED: March 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 1/49	Holy Redeemer Cemetery	Belair Road Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949

REGISTRAR'S SIGNATURE: Livingston Williams, M.D.

25. FUNERAL DIRECTOR: John J Duda ADDRESS: 2829 Hudson St

937

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G729?4 G729?4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Montier

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2226 Cedley St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): English Consul
D. STREET ADDRESS (If rural, give location): Park Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Dec. 21, 1916	32 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	

13. FATHER'S NAME: Jacob F. Cerdr

14. MOTHER'S MAIDEN NAME: Christina Ellick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Mr. Carl R. Montier, Park Drive English Consul, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

(B) —

DUE TO

(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov - 1948	Carcinoma of Breast	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 19 48, *to* March 28, 19 49, *that I last saw the deceased alive on* ____, 19 ____, *and that death occurred at* 10.35 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	2301 Annapolis Road	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar. 31, 1949	Loudon Park Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Thurlington Williams, M.D.	[signature]	1003 W. Baltimore St.

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G729:55 — BALTIMORE CITY HEALTH DEPARTMENT — G729:55

CERTIFICATE OF DEATH

260 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catherine Hutson

2. DATE OF DEATH: 3/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Ridgely Ave. nr Joppa Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan-7-1881
9. AGE (In years last birthday) / Under 1 Year: Months / Days / Under 24 Hours: Hours / Min.: 68 yrs 2 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George Keppler
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Darnall — ADDRESS: Ridgely Ave nr Joppa Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Ht. Dis
DUE TO
(B) Diabetes Mellitus
DUE TO
(C) Kimmelstiehl-Wilson Syndrome

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19 1949 *to* 3/30, 1949 *that I last saw the deceased alive on* 3/30 1949, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bernard Sobel M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem
24D. LOCATION (City, town, or county) (State): North Pt. Rd. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John P. Milby Inc
ADDRESS: 2435 E. Oliver St

VS 150

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G729:56

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G729:56

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Randall

2. DATE OF DEATH: March 29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1620 Westwood Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1620 Westwood Ave 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Widow	Oct 9 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore Md.	

13. FATHER'S NAME: James Drake

14. MOTHER'S MAIDEN NAME: Anna Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Lou Crowner	1620 Westwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Aneurysm of Aorta — ?

DUE TO

(C) Hypertension — 3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 3, 1949, *to* Mar 29, 1949, *that I last saw the deceased alive on* Mar 29, 1949, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Douglas Shepherd M. D.	404 N. Fulton Ave	3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 49	Mt. Calvary Cemetery	B. C. County Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Huntington Williams, M.D.	Wm. Gott & Elliott or Braydon	1129 N. Caroline St

VS 150

30D

G729:57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17°

G729:57

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): EDNA K. BARNSLEY

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3600 Eversley Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3600 Eversley Ave. 16-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	Feb. 6, 1901	48 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Senior Clerk	C & P Telephone Co.	Baltimore, Md.	

13. FATHER'S NAME: Columbus C. Barnsley

14. MOTHER'S MAIDEN NAME: Mary Lillian Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	212-05-0555	Mrs. Dallas Thompson	3600 Eversley Av

MEDICAL CERTIFICATION

(Write the causes, death clearly and legibly. Correct age is especially important. Physicians: please write plainly.)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of Pelvis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

(B) " " Breast — 2

DUE TO

(C) None

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1948 *to* 3-29, 1949, *that I last saw the deceased alive on* 3-29, 1949, *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Daniel A. Hanrahan M. D.	1945 D. Baltimore	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/1/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Huntington Williams, M.D.	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 150

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CERTIFICATE CORRECTED 4-6-49 ✓ X

G72958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

40.0 G72958

BIRTH NO. Registered No.

1. NAME OF DECEASED. (Type or Print) WALTER BeVILLE CANDLER

2. DATE OF DEATH 3-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville

D. STREET ADDRESS (If rural, give location) Stevenson & Valley Rds.

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 20, 1901

9. AGE (In years last birthday) 47 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Director

10B. KIND OF BUSINESS OR INDUSTRY News Post

11. BIRTHPLACE (State or foreign country) Richmond, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter D. Candler

14. MOTHER'S MAIDEN NAME Lillian Otway BeVille

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-0390

17. INFORMANT Mrs. Walter B. Candler ADDRESS Stevenson & Valley Rds.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) repeated hemorrhage — 3 days

DUE TO

(C) peptic ulcer — 2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 27, 1949 *to* Mar. 30, 1949, *that I last saw the deceased alive on* Mar 30, 1949, *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE Robert C. Hunter, M.D.

23B. ADDRESS University Hospital

23C. DATE SIGNED 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/2/49

24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

24D. LOCATION (City, town, or county) Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

VS 150

117a

G729:59

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G729:59

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM J CUFF
2. DATE OF DEATH: MAR 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 623 E. 37th St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 623 E. 37th ST
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 623 E. 37th ST. 9-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Feb. 12, 1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt. of Sub Station	Balt. Transit Co.	MARYLAND	

13. FATHER'S NAME: JOHN T. CUFF
14. MOTHER'S MAIDEN NAME: ELIZABETH FLAHERTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		MARY CUFF	623 E. 37th ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL HEMMORHAGE — Interval between onset and death: 1 day
DUE TO
(B) Arteriosclerotic — 10 yrs+
DUE TO Hypertension
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

18b
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DEC, 1946 *to* MAR 29, 1949 *that I last saw the deceased alive on* MAR 29, 1949, *and that death occurred at* 10:12 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. D. Mack M. D.	513 E. 39th ST	Mar 29 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	4-1-49	New Cathedral	Baltimore	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Lemuel for Williams, M.D.	John A. Moran	3000 E. Balt. St.

VS 150
(HIS WIFE'S NAME IS ISABEL)

83a

Hingerty

672960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 672960

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael Hingerty

2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Va. B. COUNTY: NANSEMOND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eclipse

c. Length of stay in Baltimore: 2 Days

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Child	6-23-48	0	9	7		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Willis Hingerty

14. MOTHER'S MAIDEN NAME: Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hydrocephalus, internal, Communicating	5 months
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	Meningitis	6 months
DUE TO (C)	(Cause unknown)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: March 30 1949

19B. MAJOR FINDINGS OF OPERATION: Internal hydrocephalus

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29 1949 *to* 3-30 1949, *that I last saw the deceased alive on* 3-30 1949, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert S. Free M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: March 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/31/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion

24D. LOCATION (City, town, or county) (State): Crittenden Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: W. J. Tickner & Sons

ADDRESS: No. 4 Ave

VS 150

81a (17)

CERTIFICATE CORRECTED 4-12-49

G72961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72961

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nellie Denkevitz

2. DATE OF DEATH 3/31/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1820 Thomas Ave

C. Length of stay in Baltimore 50 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1820 Thomas Ave 15-3

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12/14/(1879) | 9. AGE (In years last birthday) 69 | If Under 1 Year: Months / Days | If Under 1 Day: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailoring Industry

10B. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Joseph J. Denkevitz ADDRESS 1820 Thomas Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 3/24/49

DUE TO

(B) Chronic Myocarditis — 1947

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 29, 1949, to Mar 31, 1949 *that I last saw the deceased alive on* Mar 30, 1949, *and that death occurred at* 7:05 A m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS 1663 W. North Ave. | 23C. DATE SIGNED 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/2/49 | 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer | 24D. LOCATION (City, Town, or County) (State) 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR John J. Lowandson | ADDRESS [illegible]

VS 150

937

G72962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 63

G72962 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry La Rowe

2. DATE OF DEATH March - 30 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mrs Rita of Convalescent Home C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 2867 Mansfield Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	June-26-1878	70	9	4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	B.O.R. Co.	Baltimore Md.	

13. FATHER'S NAME John H. Rowe

14. MOTHER'S MAIDEN NAME Margaret McAlister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give type or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	212-10-4321	Margaret A. Rowe	2867 Mansfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
Feb 1949	Carcinoma of Lung	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1, 1949 *to* 3/30, 1949 *that I last saw the deceased alive on* 3/30/49, 19___, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Tyler V. Gilley, M. D.	5103 Harford Rd	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-2-49	Baltimore Cem.	North Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Williams, Md	John C. Miller Inc	2435 E. Oliver St

VS 150

479

Correct age is especially important. Physician: please write the causes clearly and legibly.

G729613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G729613

4 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bernard Landwehr

2. DATE OF DEATH: 3-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: 74 Yrs. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 206 W. Saratoga St. 4-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	June 28, 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoemaker		Md.	

13. FATHER'S NAME: Ferdinand Landwehr

14. MOTHER'S MAIDEN NAME: Mary Tockstie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Charlotte M. Landwehr	206 W. Saratoga

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism

DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Arteriosclerotic Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH: Years.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-22-, 1949, *to* 3-30-, 1949, *that I last saw the deceased alive on* 3-30-, 1949, *and that death occurred at* 10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. D. Thomas M.D.	Mercy Hosp.	3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2/49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Huntington Williams, M.D.	H. C. Weeks and Son	[illegible]

VS 150

937

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72964

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

171 Registered No.

G72964

1. NAME OF DECEASED (Type or Print): Anna C. Nigey Handschuh

2. DATE OF DEATH: Jan. March 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1498 Patapsco St.
c. Length of stay in Baltimore: 1 Year 38 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Millersville
D. STREET ADDRESS (If rural, give location): Box 153

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	March 4, 1889	60				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto, Md.	U.S.A.

13. FATHER'S NAME: Rudolph Nigey
14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		John Nicholas Handschuh (Name)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Uteris.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Cerebral Metastases,
Pulmonary Edema.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
About 2 yrs ago.	Carcinoma - Breast Uteri	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 28 '49, to March 28, '49, that I last saw the deceased alive on March 28, '49, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John C. Schenuch MD, M. D.	1337 S. Charles St.	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Fri. Apr. 1, 1949	Western Cem.	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 31 1949	Huntington Williams, M.D.	P. Howard Evans	1400 S. Charles St. Balto-30, Md.

VS 150

48a

Correct flap is especially important. Physicians: please write the causes clearly and legibly.

✓ 491

BIRTH NO. G72965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72965

1. NAME OF DECEASED (Type or Print) GLOVER FLETCHER

2. DATE OF DEATH March 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-2
D. STREET ADDRESS (If rural, give location) 444 W. ConwayStreet ✓

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	colored	Widowed	4/3/1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louise Fletcher
14. MOTHER'S MAIDEN NAME: Fannie Methewes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Elizabeth Flather ADDRESS: 2505 Ridgley St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Earl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/31/1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Arburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave.

VS 151

107

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. G72966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G72966

1. NAME OF DECEASED (Type or Print): Elsie J. Utley

2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5716 York Road. 27-12

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 3, 1884
9. AGE (In years last birthday): 64 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland (Balto.)
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John R. Utley
14. MOTHER'S MAIDEN NAME: Sarah Allison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: —
17. INFORMANT (Signature): Wm. W. Utley ADDRESS: 503 Cedarcroft Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO
(B) H. C. V. D.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Mar. 26, 1949 to Mar. 30, 1949 that I last saw the deceased alive on Mar. 29, 1949, and that death occurred at 12:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE: Wm. McC. Finney, M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: Estelle Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

92D

G72967 G72967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH IANNELLO

2. DATE OF DEATH: 3-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home + Hosp

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 200 Hunting Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: about 1884
9. AGE (In years last birthday): about 64
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Balto. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Antone Iannello
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 213-10-0142
17. INFORMANT: Mrs. John Murphy
ADDRESS: 1617 Frederick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure
DUE TO Marked Hypertrophy + dilatation of Heart + Pulmonary Congestion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis
DUE TO Mural Thrombosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month, Day, Year, Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21, 1949 *to* 3-30, 1949 *that I last saw the deceased alive on* 3-30, 1949 *and that death occurred at* 12 55 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 30 Mar. 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150
MAR 31 1949

94a

G72968

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4201

G72968

Registered No.

1. NAME OF DECEASED (Type or Print): Theodore Bernstein

2. DATE OF DEATH: 3/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai

C. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2905 Violet Ave 15-12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 45 If Under 1 Year: Months, Days If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilkes Barre Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David
14. MOTHER'S MAIDEN NAME: Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Bernstein ADDRESS: 2905 Violet ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Acute coronary occlusion
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 19 49, *to* 3/31, 19 49, *that I last saw the deceased alive on* 3/31, 19 49, *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Gober M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Wilkes Barre Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAR 31 1949
REGISTRAR'S SIGNATURE: [illegible] for Mildred M. Williams, M.D.
25. FUNERAL DIRECTOR: Jack Reeves Inc ADDRESS: 2100 Eutaw Pl

94a

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

72969 X ✓ S-72969

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4 20 - 8

Registered No. G 72969

1. NAME OF DECEASED (Type or Print): Edith Silver

2. DATE OF DEATH: Apr. 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 33rd & Calvert Sts.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Darlington
D. STREET ADDRESS (If rural, give location): -

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	June 17, 1872	76	10	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Pennsylvania	-

13. FATHER'S NAME: Francis Stokes

14. MOTHER'S MAIDEN NAME: Katherine Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Daughter	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Myocardial Infarction — 6 dys. — DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
-	-	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
-	-	-

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
- m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	-

22. *I hereby certify that I attended the deceased from* Mar. 30, 1949 *to* Apr. 1, 1949, *that I last saw the deceased alive on* Apr. 1, 1949, *and that death occurred at* 2:10A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Gilbert R. Milan M. D.	Union Memorial Hospital	Apr. 1, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 3, '49	Darlington Cem.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 1, '49	Huntington Williams, M.D.	H. S. Bailey, Darlington, Md.	

VS 150

93-D

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G729?0 81447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

446 Registered No. G729?0

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Evangeline Maitland

2. DATE OF DEATH: 3- 27- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 58 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD,
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1626 Asquith ST. 9 09

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	Widowed	Feb. 3- 1865	84		

10A. USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Byrne

14. MOTHER'S MAIDEN NAME: Mary Verden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Records Balto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Suborachnoid Hemorrhage	3 Weeks
DUE TO (B)	Arterioler Nephroslerosis	4 Yrs.
DUE TO (C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]: 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 11- 1943 *to* 3 - 27- 1949 *, that I last saw the deceased alive on* 3- 27- 1949 *, and that death occurred at* 8.30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Rogers M. D. 23B. ADDRESS: B.C.H. 4940 Eastern Ave. 23C. DATE SIGNED: 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 4/1/49 24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart 24D. LOCATION (City, town, or county) (State): Germain Hill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 1949 REGISTRAR'S SIGNATURE: Huntington Williams, M.D. 25. FUNERAL DIRECTOR: J. J. Oakley & Sons ADDRESS: 1312 Eutaw St.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G729'71

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G729'71

BIRTH NO. B.C. 49-06294 Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY CHAMPNESS 2. DATE OF DEATH 3-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woman's Hospital
c. Length of stay in Baltimore 1 hr 53 minutes Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
1405 Woodstock Ave. Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO MD.
D. STREET ADDRESS (If rural, give location)
1405 WOODSTOCK AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	S	3-27-49			1 53

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	BALTO Md.	U. S.

13. FATHER'S NAME KENNARD CHAMPNESS.
14. MOTHER'S MAIDEN NAME ADELE JONES.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO —	—	MOTHER.	

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) PREMATURITY.
DUE TO CIRCUMVALLATE PLACENTA & PREMATURE
(B) RUPTURE OF MEMBRANES & PREMATURE 3½ wks.
DUE TO SEPARATION OF PLACENTA, PARTIAL
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
3 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO.	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-28-49, 19__, *to* 3-28, 1949, *that I last saw the deceased alive on* 3-27, 1949, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Vernon C. Keely, M. D.	Woman's Hospital	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal		Johns Hopkins Medical School MAR 30 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1949	Huntington Williams, M.D.		

VS 150

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G729.72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G729.72

BIRTH NO. 6 — Registered No. 177

1. NAME OF DECEASED (Type or Print): William Anderson

2. DATE OF DEATH: March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Catonsville
D. STREET ADDRESS (If rural, give location): 12 Shipley Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHN'S HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) — 8. DATE OF BIRTH: 12-18-70 — 9. AGE (In years last birthday): 78 / 87 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Retired if retired): none — 10B. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Anderson — 14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Anemia	?
DUE TO		
ANTECEDENT CAUSES (B)	Ureteral obstruction	?
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Carcinoma of Prostate	2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: Oct 48 — 19B. MAJOR FINDINGS OF OPERATION: Ca of Prostate — 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/26 19 49 *to* 3/28 19 49 *that I last saw the deceased alive on* 3/28 19 49 *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D. — 23B. ADDRESS: JOHNS HOPKINS HOSPITAL — 23C. DATE SIGNED: 3-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 4-2-49 — 24C. NAME OF CEMETERY OR CREMATORY: Cherry Hill Cem — 24D. LOCATION (City, town, or county) (State): Baltimore Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Mrs. Frances A. Hemsley — ADDRESS: 918 W. Baltimore St.

VS 150

518

Street age is especially important. Physicians: please write the causes of death clearly and fully.

G729?3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G729?3

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL SHOCHET

2. DATE OF DEATH 3-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15

D. STREET ADDRESS (If rural, give location) 2637 Loyola Southway

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	?	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate		Russia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Rebecca Shochet	2637 Loyola So.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Hypertensive arteriosclerotic Heart dis.

DUE TO

(C) Renal Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1, 1949 *to* 3/30, 1949 *that I last saw the deceased alive on* 3/30, 1949, *and that death occurred at* 2P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benson Schwartz M. D.	Sinai Hosp	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-1-49	Hebrew Mt Carmel	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	Fred Lewis Inc	2100 Eastern Ave

VS 150

937

G729.74 CERTIFICATE CORRECTED 4-11-49 ✓ 324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G729.74 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Kate Scherr (Sherr)

2. DATE OF DEATH: 3-31-1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale 27-17

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 61 (64)
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Meyer Sherr ADDRESS: 2659 Oswego Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple emboli in right popliteal artery and cerebrum — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) acute cardiac decompensation with auricular fibrillation

DUE TO

(C) Condition after paraplegia, hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 6-25, 1948, *to* 3-31-, 1949, *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 12 45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-1-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

95c

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 43 G72975

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) REGINA ZIMMERMAN

2. DATE OF DEATH 3-31-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21

c. Length of stay in Baltimore 29 Yrs. ~~Mos. Days.~~

D. STREET ADDRESS (If rural, give location) 2808 Oakford Ave

6. SEX	7. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widow		70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME Ed

14. MOTHER'S MAIDEN NAME Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Jane Zimmerman	2808 Oakford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Congestive Failure

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular Disease

DUE TO

II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Intrinsic nis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 19 47 *to* March 19 49, *that I last saw the deceased alive on* March 31, 1949, *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis R. Moser M.D.	4535 Park Heights Ave	4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-3-49		New York N. Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	Jack Levaro Inc	2100 Eutaw Pl

VS 150

937

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G729'76

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G729'76

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Fraction

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 623 N Mount St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 63 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: 623 Mount St
B. COUNTY: Balto Md
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto
D. STREET ADDRESS (If rural, give location): 623 Mount St 16 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Widowed	Oct 29, 1886	62	1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Freeman & Employe	Salem Va.	U. S.

13. FATHER'S NAME: Thomas Fraction

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		218-10-5[illegible]	Grace Newman	1833 Duncan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

(B) Broken Compensation — 4 mo's

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 2x, 19x9, *to* May 30, 19x9, *that I last saw the deceased alive on* May 2x, 19x9, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Emil Frey M. D.	1728 Penna Ave	5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	April 2, 1949	Mt. Auburn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1949	Thurston Williams, M.D.	Geo. H. Helton	1003 Pennsylvania Ave

VS 150

937

G729.77

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G729.77

1. NAME OF DECEASED (Type or Print): CHARLIE EDWARDS

2. DATE OF DEATH: 3-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1816 W. SARATOGA ST.

c. Length of stay in Baltimore: 4/5 yrs. (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1816 W. SARATOGA ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	COLORED	WIDOWED	March 29 1876	73 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Wadesboro, N.C.	U.S.

13. FATHER'S NAME: Ned Plunkett

14. MOTHER'S MAIDEN NAME: Caroline Radcliffe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Effie McDonald ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIO-RENAL DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1949, *to* 3-28, 1949, *that I last saw the deceased alive on* 3-28, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. Harris M. D.	1824 W. FRANKLIN ST.	3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 4, 1949	Wadesboro	Wadesboro, N. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	Wm. H. Kelson	1303 Greenmount Ave.

VS 150

1312

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

G72978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72978

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARENCE Hoey

2. DATE OF DEATH: 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Years 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingsville, Md.
D. STREET ADDRESS (If rural, give location): Sunshine Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 13th, 1868
9. AGE (In years last birthday): 80 — If under 1 year: Months 1, Days 17; If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant Owner
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Henry Hoey
14. MOTHER'S MAIDEN NAME: Alice Biddison
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. C.E. Hoey — ADDRESS: Sunshine Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac decompensation

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B) Arteriosclerotic C.V. disease
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27 *1949 to* 3-31 *1949 that I last saw the deceased alive on* 3-31 *1949 and that death occurred at* 4:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Adolph Goldsborough M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 3.31.49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/4/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

VS 150

937

CERTIFICATE CORRECTED 4-19-49

G729'79

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G729'79

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bessie H. (MRS.) DUNTY

2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fullerton, Md.
D. STREET ADDRESS (If rural, give location) Belair Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	married	Dec. 16th, 1887	61	3	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore County, Md.	U.S.A.

13. FATHER'S NAME: David DeGruchy

14. MOTHER'S MAIDEN NAME: Mary G. Blakeley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mr. J.H. Dunty ADDRESS: Belair Rd, Fullerton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tachycardia Incipient — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/23/49	Acute cholecystitis & cholelithiasis	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/19, 1949, *to* 3/31, 1949, *that I last saw the deceased alive on* 3/31, 1949, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert L. Jones M. D.	Franklin Square Hosp.	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4/4/49	Fork Methodist	Fork, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Hunt for Williams, M.D.	Lassahn Funeral Home	7401 Belair Rd.

VS 150

126

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

445 Registered No. G72980

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lawrence Andrew Eiring

2. DATE OF DEATH: 30 March 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 2800 Bayonne Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2800 Bayonne Ave

C. Length of stay in Baltimore: 54 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland B. COUNTY —

C. CITY OR TOWN (If outside corp. rate municipal to 21) RAT and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2800 Bayonne Ave 27-06

5. SEX: Male

6. COLOR or RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: June 3 1894

9. AGE (In years last birthday) | If under 1 Year: Months — Days — | If under 24 Hours: Hours — Min. —: 54

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Clothing Manuf.

11. BIRTHPLACE (State or foreign country): Balto Md.

CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Eiring.

14. MOTHER'S MAIDEN NAME: Evelyn. Herold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes. (Yes) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Marie Eiring ADDRESS: 2800 Bayonne Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 Hours.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension; Malignant. 2 yrs.

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: None.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov 20, 1947, *to* 30 Mar, 1949, *that I last saw the deceased alive on* 30 Mar, 1949 *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Theo L. Osborne M.D.

23B. ADDRESS: 5202 Harford Rd

23C. DATE SIGNED: 30 March 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): B Burial

24B. DATE: 4/2/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lally & Zeiler ADDRESS: 403 S. Wolfe St.

VS 150

83a

G72981

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1

G72981

Registered No.

1. NAME OF DECEASED (Type or Print): Charles T Dougherty

2. DATE OF DEATH: 3 31 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

c. Length of stay in Baltimore: Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5231 Fairlawn Ave. 28 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White		Aug. 5, 1883	65 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Dougherty

14. MOTHER'S MAIDEN NAME: S. Lee Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Ernest G. Phillips ADDRESS: 1806 Bowley's La.

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the causes ● death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-31, 1949, *to* 3-31, 1949, *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John Evans MD. M. D.	University Hospital	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/49	Woodlawn Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, MD	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

G72982

ZNANIEC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72982

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jacob Znaniec

2. DATE OF DEATH Mar 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1365 Andre St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 35 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1365 Andre St

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH 1-11-1893

9. AGE (In years last birthday) 56 57

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassblower

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Galicia, Poland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-03-4895

17. INFORMANT Edward Znaniec ADDRESS 1365 Andre St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Pulmonary edema

DUE TO (B) Chronic Myocarditis 2 yrs

DUE TO (C) Multiple Abscess of Left upper thigh joint

INTERVAL BETWEEN ONSET AND DEATH (A) 1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1947 *to* March 30 1949 *that I last saw the deceased alive on* 3/20/1949, *and that death occurred at* 9:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Isaac Miller M.D.

23B. ADDRESS 1121 N. Charles St

23C. DATE SIGNED 4/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 2, 1949

24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.

24D. LOCATION (City, town, county, state) G. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Chas. J. Dill

ADDRESS 1501 Fort Ave.

VS 150

937

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72983

BALTIMORE CITY HEALTH DEPARTMENT 33 r

CERTIFICATE OF DEATH

G72983 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE M. GOELLER

2. DATE OF DEATH March 30 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1328 W. 41st St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1328 W. 41st St.

c. Length of stay in Baltimore — Yrs. life. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1328 W. 41st St. 13-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	Sept 6 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Retired if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Md.	—

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Schaffer.	Julia Yeagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
— —		Charles Goeller 1328 W. 41st St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral thrombosis	3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) High blood pressure & arteriosclerosis.	2 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Carcinoma of Uterus	1 year

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/1/48	Carcinoma of uterus (adeno)	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan. 30 1940 *to* March 30, 1949, *that I last saw the deceased alive on* March 30, 1949, *and that death occurred at* 10:50 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Egbert Mortimer M. D.	2706 St Paul St	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2/49	Woodlawn Memorial Pk	Taylor Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 1 - 1949	Hunting for Williams, M.D.	Paul E. Schenewerk

HS 150

48 B

Change WHITE PAPER to GREEN, WITH ONE CARBON LINE ENGRAVED. Correct age is especially important. Physicians: please write the causes ● death clearly and ● ibly.

G72984

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

007

G72984

Registered No.

1. NAME OF DECEASED (Type or Print): William E. Cathell

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 279 W. 31st Street

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 279 W. 31st Street

12 00

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 2, 1877

9. AGE (In years last birthday): 71
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Fabricator

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James R. Cathell

14. MOTHER'S MAIDEN NAME: Mary Ellen Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 216-09-9706

17. INFORMANT: Weldon E. Jones
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1945, *to* March 30, 1949, *that I last saw the deceased alive on* March 30, 1949, *and that death occurred at* 3 30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Weiss, M. D.

23B ADDRESS: 2902 Huntington Ave

23C DATE SIGNED: 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 2, 1949

24C NAME OF CEMETERY OR CREMATORY: Woodlawn

24D LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: Burgee Funeral Home

ADDRESS: 3631 Falls Road

VS 150

13B

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G72985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72985

BIRTH NO. Koepf

1. NAME OF DECEASED (Type or Print) Koepf, Wm Robert

2. DATE OF DEATH 3-31-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

C. Length of stay in Baltimore: 48 yrs Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2017 Annapolis Rd. 33

5. SEX	6. COLOR OR RACE	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W		12/6/1900	48				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY Diamond Cab

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emil Koepf

14. MOTHER'S MAIDEN NAME Martha Lentner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Hazel E. Koepf ADDRESS 2017 Annapolis Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis (cause)

(B) due to 2 previous coronary Thrombosis

(C) due to Hypertensive C.V. Renal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1949, *to* 3-31, 1949, *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 3:20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE Julia R Mountenayer M.D.

23B. ADDRESS University Hosp

23C. DATE SIGNED 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/2/49

24C. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk.

24D. LOCATION (City, town, or county) (State) Gov. Ritchie Hgwy.

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John J. Corcoran & Son ADDRESS Pollins St

VS 150

937

G72986

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4343 Registered No. G72986

1. NAME OF DECEASED (Type or Print): EARL SADLER

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: 23yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4201 Pennington Avenue 2 5 0 5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Married.	June, 23 1912	36		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer.	Printing Business	Danville-Va	U.S.A.

13. FATHER'S NAME: Albert C. Sadler.

14. MOTHER'S MAIDEN NAME: Estelle Mason.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		215-07-7437	Mrs. Dorothy V. Sadler.	3918 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute alcoholism
DUE TO
(B) Chronic adhesive pericarditis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D.	[ ] / [X] / [ ]	March 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial.	April-2-1949.	New Cathedral Cemetery.	Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Charles J. Schwab.

ADDRESS: 3512 Frederick Ave.

VS 151

90B

G72[illegible]7053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G72987

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Lehnert

2. DATE OF DEATH 3-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals
C. Length of stay in Baltimore 61 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 702 W. Fayette St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	March 17, 1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: John Lehnert (D)

14. MOTHER'S MAIDEN NAME: Katie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		RECORDS*BALTO. CITY HOSPITALS	4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cirrhosis of Liver	
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Arteriosclerotic Degenerative -Cardio Vascular Disease	2 Yrs
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-21 19 49 *to* 3-23-49, 19 49, *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.		3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME [illegible]	24D. LOCATION (City, town, or county) (State)
			APR 1 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	[signature]	Commissioner of Health	

VS 150

11.1. 124 B

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be given if possible. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

G72988
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): William Pinder
2. DATE OF DEATH: March 30, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1422 W. Mulberry St. 19 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
M	C	Widower	Jan. 14, 1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Stevedore	—	Centerville Md.	U.S.A.

13. FATHER'S NAME: William Pinder
14 MOTHER'S MAIDEN NAME: Mary F Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No			Catherine Pinder	1422 W. Mulberry St

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an* Inspection inq. *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: [signature] M.D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C DATE SIGNED: March 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-2-49	W. T. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	Mrs. Katie R. Williams	932 N. Schroeder St

VS 151

93

G72989

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72989

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Madeline D. Wyatt

2. DATE OF DEATH: March 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1033 W. Saratoga St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1033 W. Saratoga St
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18
D STREET ADDRESS (If rural, give location): 1033 W. Saratoga St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	C	Widow	may 30, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	U. S. A.

13. FATHER'S NAME: John D. Johnson.

14. MOTHER'S MAIDEN NAME: Savina Cooke.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		William Johnson (son)	506 E. Preston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	3 days
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Gastroenteritis, Hyperintality, Debility - years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 3-30-49 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. S. Cashon M. D.	1524 Druid Hill Ave.	3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-1-1949	Mt. Auburn Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	Mrs. Katie B. Williams	N. Bakerdale St.

VS 150

83a

G72990

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G72990

1. NAME OF DECEASED (Type or Print) EDWARD FILES

2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 831 North Lakewood Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 831 North Lakewood Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	wht	married	Jan 25, 1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - B & O R.R. Co.	B & O R.R. Co.	Baltimore	U.S.A.

13. FATHER'S NAME Joseph Files (deceased)
14. MOTHER'S MAIDEN NAME Margaret Dilei

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Jeannette Files wife 831 N. Lakewood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Carl L. Reyer M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED March 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2 49	Louden Park	3801 Frederick Road.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home Inc 2601-03-05 E. Madison St.,

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94a

G72991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72991

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Cooper

2. DATE OF DEATH 3-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital, Balt. Md.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 422 W Hamburg St

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
M	C	W	8/15/1887	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY Trucking Co.

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Cooper

14. MOTHER'S MAIDEN NAME Mary Ellen Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Roland Cooper 422 W Hamburg St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable Coronary Thrombosis

DUE TO

(B) Probable Coronary Thrombosis

DUE TO

(C) Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-29-49 19__, *to* 3-30-49 19__, *that I last saw the deceased alive on* 3-30 1949, *and that death occurred at* 3:05 p m., *from the causes and on the date stated above.*

23A. SIGNATURE J. B. Pratt, Jr. M.D.

23B. ADDRESS University Hospital Balto Md

23C. DATE SIGNED 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/2/1949

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn St

24D. LOCATION (City, town, or county) (State) Balto City

DATE RECEIVED BY LOCAL REGISTRAR APR 1 = 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR J. L. Brown & Son ADDRESS 108 W. Montgomery St

HVS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information known be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

✓ query, typo - misdiagnosis

G72992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72992

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Crawford

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — University Hos
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Simpsonville
D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore: Yrs. 2 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Married	6-26-1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Howard County Road Machinery	Ellicott City Md	

13. FATHER'S NAME: Benjamin Crawford

14. MOTHER'S MAIDEN NAME: Florence Roles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
No	None	Helen Louise Crawford, Simpsonville Md

MEDICAL CERTIFICATION

18. 237X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Tumor

DUE TO

(B) Bronchopneumonia

DUE TO

Syphilis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 30, 1949		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* March 30, 1949 *that I last saw the deceased alive on* March 30, 1949 *and that death occurred at* 1:50 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank E Brunbach M. D.	University Hospital	March 31 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-3-49	Locust Chapel	Atholton Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	F.C. Higinbothom, Ellicott City, Md

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

309

G72993

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93

Registered No. G72993 369 P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and fully.

1. NAME OF DECEASED (Type or Print)	BESSIE C. QUILLE
2. DATE OF DEATH	March 30, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	2207 Division Street
c. Length of stay in Baltimore (Yrs. Mos. Days)	Life
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	2207 Division Street 1-4-03
5. SEX	Female
6. COLOR OR RACE	Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Single
8. DATE OF BIRTH	July 9, 1888
9. AGE (In years last birthday) / If under 1 year: Months / Days / If under 24 hours: Hours / Min.	60 / 8 / 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Public School Teacher
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	William Quille
14. MOTHER'S MAIDEN NAME	Alice Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) / (If yes, give dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT / ADDRESS	Wm. Quille 2119 N. Fulton Ave-17

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocarditis	9 mo?
DUE TO (B)	Nephritis	Unknown
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20-48 *to* 3-30-1949 *that I last saw the deceased alive on* 3-29-1949 *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	Frank E. Saunders M.D. FRANK E. SAUNDERS, M.D.	23B. ADDRESS: 1029 N. Stricker Street
23C. DATE SIGNED	3/31/49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE: 4/2/49
24C. NAME OF CEMETERY OR CREMATORY	New Cathedral	24D. LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR	APR 1 1949	REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS	CHARLES R. LAW 802 Madison Ave-1	

VS 150

93E

G72994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G72994

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STEVEN YANCURA

2 DATE OF DEATH 3-30-49

3. PLACE OF DEATH:
A. Baltimore City; Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital

c. Length of stay in Baltimore 42 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY Balto.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Canton Point
D. STREET ADDRESS (If rural, give location) 316 E. Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Dec 25, 1893	55	3	5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright

10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Yancura

14 MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-9929

17. INFORMANT Peggy Beck Hitchcock ADDRESS Cth H

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 days

DUE TO

(B) Arteriosclerotic heart disease — 15 yrs

DUE TO

(C) Hypertensive cardiovasc. disease — 15 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28, 1949 *to* 3-30, 1949 *that I last saw the deceased alive on* 3-30, 1949 *and that death occurred at* 1^05 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Lee M. Howard M. D.

23B ADDRESS Church Home Hosp.

23C DATE SIGNED 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-2-49

24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.

24D LOCATION (City, town, or county) (State) Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John B. Connelly ADDRESS 418 Eastern Ave Balto 24 Md

937

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72995

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK CHARLES SCHLINGMAN — Fred C. Schlingman

2. DATE OF DEATH 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4016 Woodley Ave. 27-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White		12/11/1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sup't Shipping	American Can Co.	Maryland	USA

13. FATHER'S NAME: Fred C. Schlingman

14. MOTHER'S MAIDEN NAME: Mary Brockman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	212-09-5392	4016 Woodlea Avenue Mrs. Clarence White -6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-30, 1949, *to* 3-31, 1949, *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 7 3/4 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John P. Sloan M.D. M. D.	University Hospital	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/49	Parkwood Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 1 - 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G72996

1. NAME OF DECEASED (Type or Print): LOUISA HEILMANN

2. DATE OF DEATH: 3/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hamilton Arma Nursing Home
c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 715 Harlem Avenue, Catonsville

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 24, 1865
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Mutter
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mr. T. Bernard Heilmann, ADDRESS 715 Harlem Ave, Catonsville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) MYOCARDIAL DEGENERATION — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) ARTERIO SCLEROTIC HEART DISEASE 10 yrs +
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
SENILITY. —

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 25, 1949 *to* MAR. 30, 1949, *that I last saw the deceased alive on* 3/29, 1949, *and that death occurred at* 3:10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 6331 Belair Road (6)
23C. DATE SIGNED: 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC
BALTIMORE - 13, MARYLAND

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G72997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G72997

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET E. HOLMES

2. DATE OF DEATH: 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs. Alice M. Fetterhoff Nursing Home 3502 Clifton Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3502 Clifton Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed	1870	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
---	---	Norfolk, Va.	

13. FATHER'S NAME: Wm. Rodney Jones

14. MOTHER'S MAIDEN NAME: W. Ann Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. Ralph Fletcher	3440 Piedmont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 1a, 1948, *to* March 29, 1949, *that I last saw the deceased alive on* March 28, 1949, *and that death occurred at* 12:50A m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. H. Fetterman M. D.	2324 Reisterstown Rd	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/49	St. Johns Long Green	Balto., Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1949	Hunter for Williams, MD	WIEDEFELD & SON	~~GREENMOUNT AVE & 22ND~~ 923

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G72998 BALTIMORE CITY HEALTH DEPARTMENT 60 G72998
BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print) Charles Kernan
2. DATE OF DEATH 3-30-49

3. PLACE OF DEATH
A. Baltimore City, Maryland Balto City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hosp Balto
C. Length of stay in Baltimore 58 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY Balto Co
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md. 8-11
D. STREET ADDRESS (If rural, give location) 3532 Lyndale Av 13 MD

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	W	married	3/3/90	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retd Manuf	Transportation	Balto Md	USA

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
?		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Bilateral Pyelonephritis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary artery disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-27 1949, to 3-30, 1949, *that I last saw the deceased alive on* 3-30, 1949, *and that death occurred at* 7 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John B. Wills M. D.	St Joseph Hosp	3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1949	Huntington Williams, M.D.	Work Bro.	1217 E. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94a

G72999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

EF30.0

BIRTH NO. G72999 C.C. #20577 — Registered No.

1. NAME OF DECEASED (Type or Print): ERNEST JOSEPH MONES N-803.2
2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5905 Pimlico Road 27-15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	Oct. 1, 1947	1	5 / 29	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
----------	----------	Baltimore, Maryland	

13. FATHER'S NAME: Ernest J. Mones
14. MOTHER'S MAIDEN NAME: Leona Hook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		William Hook	5905 Pimlico Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of Skull
DUE TO
(B) Intracranial hemorrhage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	Driveway of 5405 Pimlico Road 27-15

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 30, 1949 1:30 P. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Backed over by automobile

22. *I certify that I took charge of the remains described above, held an* Inspt & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23. SIGNATURE: [signature] M.D.
23A. CHIEF MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2/49	Maryland Park	Parkville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 - 1949	Huntington Williams, MD	Wm Cook Inc.	219 St. Paul St.

VS 451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17c

G73000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

190

G73000 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Flora Lee (FLORIDA TIGGLE) — 2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. (If not in hospital or institution, give street address or location): Mercy Hospital — C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institutional, last residence before admission): A. STATE: Md. — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural, give location): 270 N. Exeter St. 5-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
M	C	Married	June 1-1916	32				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore Md	U.S. A

13. FATHER'S NAME: William Tiggle — 14. MOTHER'S MAIDEN NAME: Cora Northam

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Hester Tiggle — ADDRESS: 123 N. Asquith St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Lobar Pneumonia	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Fatty degeneration, liver	

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McClafferty, M.D. — 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ — 23C. DATE SIGNED: March 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-1-49	Mt. Calvary Cem	Brooklyn, A.A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949 — REGISTRAR'S SIGNATURE: Washington Williams, M.D. — 25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1100 Brantly Ave

108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G73001

G73001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 75 Registered No.

1. NAME OF DECEASED (Type or Print): Barbara Reimer

2. DATE OF DEATH: March 31st 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1624 N. Regester St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1624 N. Regester St. 8 26

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	single	July 8, 1891	57	8	22		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore	

13. FATHER'S NAME: Charles F. Reimer

14. MOTHER'S MAIDEN NAME: Maria Denk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Frederick Reimer 2030 E. Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Adenocarcinoma of ovary (Left)	about 3 yrs
DUE TO (B)	Metastases to lungs & brain & general peritoneal cavity & glands	
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 11, 1949	Large Papilla adeno Carcinoma of Left ovary	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 11, 1949, *to* March 30, 1949, *that I last saw the deceased alive on* March 30, 1949, *and that death occurred at* 1:55 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hyam Greenbaum M. D.	#316 Medical arts Bldg.	March 31/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/6/49	Baltimore	North Ave & Rose St.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Clarence F. Hoffmann 1639 Broadway.

VS 150

49a

G73002 — Dr. Drenga — 209 S Chester St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 13 — Registered No. G73002

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Kupsl

2. DATE OF DEATH: March 31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 2037 E. Balto. St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 40 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2037 E. Balto. St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Single	OCT 17 1879	69	5 / 14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Presser	Tailor	Poland	U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	213-09-9273A	Wanda Stappens	2114 E. Pratt St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) TERMINAL BRONCHO PNEUMONIA	2 DAYS
	DUE TO (B) CEREBRAL HEMORRHAGE	OCT. 1947
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) ARTERIOSCLEROTIC HYPERTENSIVE CARDIO VASCULAR DISEASE	JUNE 1943
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ — NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from June 5, 1943 to March 31, 1949 that I last saw the deceased alive on March 31, 1949 and that death occurred at 2:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ruth F. Drenga M.D.	209 W. Chester St.	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	APRIL 2 1949	HOLY CROSS	GERMAN HILL ROAD MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Huntington Williams M.D.	Diffel Bros.	1800 E. Lombard St

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Space for information should be filled in. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73003 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 420 Y, G73003

1. NAME OF DECEASED (Type or Print): Dora E. Thompson (Dorothy)

2. DATE OF DEATH: 3/30/79

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 4 N. Bellegrove Rd

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
F	W	Married	June 28	~~72~~ 57 (A.M.)		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home wife	—	Penna.	

13. FATHER'S NAME: George Scheirling
14. MOTHER'S MAIDEN NAME: Emma Filbey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Kenneth Thompson	4 N. Bellegrove Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Disease	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH?	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
C. R. Larsen M.D		3/30/79

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 2/49.	London Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 1949	Huntington Williams, M.D.	Harry H. Wittstein	4101 Edmondson Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

94a

G73004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73004

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian Watts

2. DATE OF DEATH: 3/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 341 Stinson St. 20 04

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11/25/1894
9. AGE (In years last birthday): 54
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.: 4 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Garner

14. MOTHER'S MAIDEN NAME: Catherine Mannion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:

17. INFORMANT: Josselee E. Watts
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Alcoholism - Shock during anesthesia induction for N.C.D. - Intussusception

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fract. Elbow - due to fall from syncopal attack.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

CERTIFICATION APPROVED BY: H.H. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 3/31/49
19B. MAJOR FINDINGS OF OPERATION: Fract elbow Operation not begun.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE? (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 341 Stinson St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: 7:30 PM - Mar 29-1949
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Fell during syncopal attack

22. I hereby certify that I attended the deceased from _____ to 3/31/49, that I last saw the deceased alive on 3/31/49, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE: H.H. Garner M.D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-4-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): B.C. County Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. L. Schwab
ADDRESS: 2101 Frederick Ave

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physician please write the cause of death clearly and legibly.

G73005 ✓ X · G73005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS GLADYS HOLTON

2. DATE OF DEATH 3-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL

c. Length of stay in Baltimore life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
a COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE (BROOKLYN)
D STREET ADDRESS (If rural, give location) 100, 4th avenue

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8 DATE OF BIRTH 4/25/1849

9 AGE (In years last birthday) 49

If Under 1 Year: Months 11, Days 5

If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Maryland C

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rabbi Council

14 MOTHER'S MAIDEN NAME Rosa Pollock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT — ADDRESS —

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; write the cause of death clearly and legibly. Physician: please write in detail. Omissions or incorrect are especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Metastatic Carcinoma from breast 4 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION Feb 48

19B. MAJOR FINDINGS OF OPERATION Carcinoma Rt. breast

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (At or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30-49 *to* 3-30, 1949 *that I last saw the deceased alive on* 3-30, 1949 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23A. SIGNATURE — M. D.

23B ADDRESS Mercy Hospital

23C DATE SIGNED 3-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Bl

24B. DATE 4-1-49

24C NAME OF CEMETERY OR CREMATORY Glen Haven

24D LOCATION (City, town, or county) Glen Burnie (State)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25 FUNERAL DIRECTOR James F. McCleary

ADDRESS 1305 Fort Ave.

VS 150 50

G73606

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170 Registered No. G73006

1. NAME OF DECEASED (Type or Print): Silva E. Rider

2. DATE OF DEATH: Mar. 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4401 Arabia Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4401 Arabia Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	married	Apr. 5, 1895	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Maryland	

13. FATHER'S NAME: Bueregard Engle

14. MOTHER'S MAIDEN NAME: Blanche Scarff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Louis E. Rider, 4401 Arabia Avenue

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician please write the cause of death clearly and legibly. Correct age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma - Left Breast — INTERVAL BETWEEN ONSET AND DEATH: 1944

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 6 1948	Carcinoma of Left Breast.	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 2, 1948 *to* May 31, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas F. Carozza M. D.	3219 York Rd.	4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-4-49	Parkwood	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 1 - 1949	[illegible] Washington Williams, M.D.	Leonard J. Ruck, 5305 Harford Road

VS 150

50

G73007

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ X 154

G73007 Registered No.

1. NAME OF DECEASED (Type or Print): John Handy

2. DATE OF DEATH: 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
COUNTY: Queen Anne
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville
D. STREET ADDRESS (If rural, give location): Route #23

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-15-76
9. AGE (In years last birthday): 72 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Handy
14. MOTHER'S MAIDEN NAME: Margaret Tilden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and legibly. Be especially careful that age is correct and important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Renal Failure, Acute

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: March 26 1949
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16 1949 *to* 3-31 1949 *that I last saw the deceased alive on* 3-31 1949 *and that death occurred at* 11:55 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: D. A. Cooley M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): 4-4-49
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Forestdale
24D. LOCATION (City, town, or county) (State): Forestdale Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Edgar A. Love
ADDRESS: Churchville, Md.

VS 150

46D

G73008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 N 1

G73008 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM D. PIMES

2. DATE OF DEATH 4/1/1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 2419 Eutaw Place.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland. B COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 2419 Eutaw Place. 13-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
Male	White	Married	6/24/1890.	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maurice Pimes

14. MOTHER'S MAIDEN NAME Henriette Davis.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Dr. Ralph D. Pimes, ADDRESS 931 Brooks Lane.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular Renal disease — Interval between onset and death: Dec. 1948

DUE TO Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Diabetes Mellitus — 5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1 , 1948, to Mar. 31 , 1949, *that I last saw the deceased alive on* Mar 31, 1949, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Eugene L. Blum M. D.

23B ADDRESS 1114 N. Calvert St

23C. DATE SIGNED 4/1/1949.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/3/1949.

24C NAME OF CEMETERY OR CREMATORY Hebrew Friendship

24D. LOCATION (City, town, or county) Baltimore, Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Harris Levinson - Inc ADDRESS 1902 Eutaw Place.

VS 150

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the cause of death clearly and legibly. Physician please write correct age is especially important.

G73009

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73009

1. NAME OF DECEASED (Type or Print): Arthur W. Hawks

2. DATE OF DEATH: MAR 31 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ruxton 4
D. STREET ADDRESS (If rural, give location): La Belle

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	12-20-78	70	3	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Light-Tower	W. Va	U.S.A.

13. FATHER'S NAME: Arthur W. Hawks

14. MOTHER'S MAIDEN NAME: Jessie Leashe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-05-6535A

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hear Heart disease

DUE TO
(B) Hypertension, arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-13, 1949 *to* 3-31, 1949 *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edwin Seegmiller M. D.	JOHNS HOPKINS HOSPITAL	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 2 1949	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 1 - 1949	Registrar for Williams, M.D.	Henry W. Jenkins Sons & 4905 York Rd

VS 150

925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the cause of death clearly and legibly. Correct age is especially important. Physician: please write

TIFICATE CORRECTED 4-18-49

G73010 ✓ X 5 G73010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Robert Allan (Baby Boy) Bishop

2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville, Glen Burnie
D. STREET ADDRESS (If rural, give location) 1918 Norman Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White	Child	3-30-49			1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Maylord Maylord M. Bishop

14. MOTHER'S MAIDEN NAME Elizabeth Suto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Johns Hopkins Hospital ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) prematurity

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) intracranial hemorrhage &
(C) Atelectasis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1949 *to* 3-31, 1949 *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 9 52 P m., *from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.

23B. ADDRESS Johns Hopkins Hospital

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 4/2/49

24C. NAME OF CEMETERY OR CREMATORY Westminster Cem.

24D. LOCATION (City, town, or county) Carlisle (State) Pa.

DATE RECEIVED BY LOCAL REGISTRAR APR 1 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul St.

AVS 150

160a

PLEASE WRITE PLAINLY, with UNFADING INK. Any [illegible] correct age is especially important. Physician please write the cause of death clearly and legibly.

G73011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

I.D. G73011 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SALLIE BRENT GARLAND

2. DATE OF DEATH: March 31,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2419 N. Calvert St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2419 N. Calvert St. 12 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	May 18,1856	92		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lancaster County, Va.	

13. FATHER'S NAME: William M. Brent

14. MOTHER'S MAIDEN NAME: Martha Ingram

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO:

17. INFORMANT: Cassius B. Garland ADDRESS: 2436 Md. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senile degeneration

ANTECEDENT CAUSES
DISEASES OR CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Mitral regurgitation, hypertension

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Yr.) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 26, 1949 *to* Mar 31, 1949 *that I last saw the deceased alive on* Mar 30, 1949 *and that death occurred at* 1:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roscoe L. Crossnoe M. D.

23B. ADDRESS: 2438 Maryland Ave

23C. DATE SIGNED: Mar 31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/2/49

24C. NAME OF CEMETERY OR CREMATORY: Lorraine

24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WilliamCook, Inc., ADDRESS: 1217 St. Paul St.

VA 159

926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct age is especially important.

G73012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73012 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James A. Higgins

2. DATE OF DEATH: March 31,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6113 Everall Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6113 Everall Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Divorced	April 12,1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Cutter		Virginia	

13. FATHER'S NAME: James B, Higgins

14. MOTHER'S MAIDEN NAME: Julia A. Arrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	214-10 -6626	Mrs Ethel Padgett, 6113 Everall Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion
DUE TO Coronary Sclerosis
(B) DUE TO Hypertension
(C) Old age

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1949 *to* March 31, 1949, *that I last saw the deceased alive on* March 26 1949, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter A Anderson M. D.
23B. ADDRESS: 3001 Sherwood Drive
23C. DATE SIGNED: 3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/2/49
24C. NAME OF CEMETERY OR CREMATORY: Glenwood
24D. LOCATION (City, town, or county) (State): Washington, D.C

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR ADDRESS: William Cook, Inc., 1217 St. Paul St.

VS 150

1316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73013 — BALTIMORE CITY HEALTH DEPARTMENT — 43 G73013

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): MARIE A. MANNS

2. DATE OF DEATH: April 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 135 West Lee Street

5. SEX	6. COLOR	7. RACE — SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Min.
female	white	Married	10/26/1893	55	5	5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Texas	Md.

13. FATHER'S NAME: Daniel Gurney

14. MOTHER'S MAIDEN NAME: Mary Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Edgar Manns	135 W. Lee St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive C.V. Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE — WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		April 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/5/49	Cathedral	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 2 1949	Huntington Williams M.D.	Wm Fok Inc.	127 St. Paul St.

VS 451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Information must be furnished for every item, if information is unknown or not applicable, write word "unknown" or "none" where necessary. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

92D

BIRTH NO. G73014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

474 Registered No. G73014

1. NAME OF DECEASED (Type or Print): Edward E. Tharle

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 919 McAleer Court

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Single	July 11 1938	10		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Boy		Baltimore, Md.	

13. FATHER'S NAME: Edwin E. Tharle

14. MOTHER'S MAIDEN NAME: Thelma V. Fowler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
		None

17. INFORMANT: Edwin E. Tharle 919 McAleer Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Laryngitis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Fulton J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 4, 1949

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1949

REGISTRAR'S SIGNATURE: Evelyn Williams M.R.

25. FUNERAL DIRECTOR: Robt. G. McAllister

ADDRESS: Pratt & Stricker Sts

8

105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73015 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARMALO CURRERI

2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4710 Hampnett Ave?

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore Yrs. Unknown Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	W.	Married	March 24, 1882	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Fruit Dealer	Italy	

13. FATHER'S NAME Salvatore Curreri

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT Ernesto Curreri ADDRESS 4710 Hampnett Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 hrs.

DUE TO

(B) Arteriosclerotic Heart Disease — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Diabetes mellitus — Unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-20, 1949 to 3-31, 1949, that I last saw the deceased alive on 3-31, 1949, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward A. Mussi M.D.	1215 Eutaw Street	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 4-1949	Holy Redeemer Cem.	Belair Road Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 2-1949 VS 150	Timothy J. Williams, M.D.	Joseph Turace Inc.	2013 Greenmount Ave

PLEASE WRITE PLAINLY. Physician: please write the cause of death clearly and correct age is especially important.

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G73016

G73016

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 13

1. NAME OF DECEASED (Type or Print) MARY E. CULLEN

2. DATE OF DEATH March 30-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4419 Furley Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not at hospital or institution, give street address or location)

c. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4419 Furley Ave

26 62

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	2/23/1877	72	1	7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Baltimore Md	USA

13. FATHER'S NAME Wm Neizer

14. MOTHER'S MAIDEN NAME Laura Reves

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Melvin Cullen	601 Hollen Road

MEDICAL CERTIFICATION

Please write plainly with pen or pencil. Physician: please write the cause of death clearly and correct age is especially important.

CAUSE OF DEATH

16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardosis

DUE TO

(B) Hypertensive cardiovascular disease.

DUE TO

(C) Hypertension, essential

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Nov 1, 1939, to March 30, 1949, that I last saw the deceased alive on March 30, 1949, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John J Gault M. D.	1911 East Ave	4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 2.	Parkwood Cem	Rural

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 2 - 1949	Huntington Williams, M.D.	Ulrich Funeral Home	2008 Eastern

92D

Dr. English
5713 Belair Rd.

G73017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73017 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Francis Bernard Polley

2. DATE OF DEATH: Apr. 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4412 Mary Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4412 Mary Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	single	Jan. 9, 1924	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Baltimore, Maryland	

13. FATHER'S NAME: Thomas E. Polley, Sr

14. MOTHER'S MAIDEN NAME: Agnes F. Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mr. Thomas E. Polley,	4412 Mary Ave.

MEDICAL CERTIFICATION

PLEASE WRITE LEGIBLY, WITH INK OR TYPEWRITER. Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary occlusion	1 hr.
DUE TO (B)		
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Congenital deformities - cataracts ex.	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21, 1949 *to* 4-1, 1949, *that I last saw the deceased alive on* 4-1, 1949, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Mark H. English M. D.	5713 Belair Rd.	4-1-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-2-49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 2-1949	Huntington Williams, M.D.	Leonard J. Ruck,	5305 Harford Road.

VS 150

94a

G73018

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420

G73018

Registered No.

1. NAME OF DECEASED (Type or Print): Florence Mabel Sparks

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 Greenmount Ave
C. Length of stay in Baltimore: 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1023 Greenmount Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 6, 1867
9. AGE (In years last birthday): 81 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Co
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Fowble
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clara Sparks ADDRESS: 1023 Greenmount Ave

MEDICAL CERTIFICATION

PLEASE WRITE LEGIBLY. Physician: please write the cause of death clearly and fully. Exact age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
DUE TO
(B) coronary artery disease — ?
DUE TO
(C) hypertension — ?
DUE TO
congestive heart failure — 1 mo.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 March 1949, *to* 31 March 1949 *that I last saw the deceased alive on* 31 March, 1949, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Silverfeld M. D.
23B. ADDRESS: 714 E. Preston
23C. DATE SIGNED: 1 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 3/49
24C. NAME OF CEMETERY OR CREMATORY: Grace Methodist
24D. LOCATION (City, town, or county) (State): Near Hampstead, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 2 - 1949
REGISTRAR'S SIGNATURE: Entry for Williams M.D.
25. FUNERAL DIRECTOR: Rita Riedefeld ADDRESS: 900 E. Biddle St

VS 150

94a

G73019

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use one line for each item. Write the cause of death clearly and legibly. Give correct age if possible. Do not abbreviate. Answer all questions. Be especially careful to answer all important. Physician: please write

1. NAME OF DECEASED (Type or Print)	MAMIE RICHARDSON
2. DATE OF DEATH	March 27, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location)	Johns Hopkins Hospital
c. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	717 North Eden Street 1002
5. SEX	female
6. COLOR OR RACE	colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Widow
8. DATE OF BIRTH	
9. AGE (In years last birthday)	59
If Under 1 Year: Months / Days	
If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	U S A
13. FATHER'S NAME	Jacob Clinton
14. MOTHER'S MAIDEN NAME	Sophia Clarke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	
17. INFORMANT / ADDRESS	Elizabeth Taylor 717 N Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Obesity

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	George G. Merrill M.D.	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED March 28, 1949
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 4/4/49	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	24D. LOCATION (City, town, or county) (State) A.A. Co. Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Robert H. Williams	ADDRESS 1515 McElderry St

VS 151

APR 2 - 1949

927

G73020

G73020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7540 Registered No.

BIRTH NO. B.C. 48-21285

1. NAME OF DECEASED (Type or Print) Joseph V. Whelehan Jr.

2. DATE OF DEATH 4-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balt
C. CITY OR TOWN Balto. (If outside corporate limits, write RURAL and give township) Essex
D. STREET ADDRESS (If rural, give location) 1671 Rockenbach Rd. Balto 21

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ Hosp.

c. Length of stay in Baltimore: 5 Yrs. 30 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C	S	Oct 2, 1948		5	30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph V. Whelehan Sr

14. MOTHER'S MAIDEN NAME Catherine Gannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Parents ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart failure
DUE TO Potent Ruptus Arteriosus
(B) & Intervertebralis Septal Defect
DUE TO
(C) Acute Bronchiolitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-31 1949, to 4- 1949, *that I last saw the deceased alive on* 4- 1949, *and that death occurred at* 7:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS Univ. Hosp.

23C. DATE SIGNED 4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/2/49

24C. NAME OF CEMETERY OR CREMATORY Sacred Heart

24D. LOCATION (City, town, or county) (State) Gannon Hill Rd. Balto.

DATE RECEIVED BY LOCAL REGISTRAR APR 3 1949

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR John F. Connelly ADDRESS Essex

VS 150

157E

Please write plainly. Physician please write the cause of death clearly and completely. Important. Physician please write the correct age in especially

G73021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73021

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY DONOHUE

2. DATE OF DEATH Mar. 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1716 E. 30th. Street
c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1716 E. 30th. Street

9 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Widow	May 6, 1863	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME George Wirth

14. MOTHER'S MAIDEN NAME Rose Meinhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT
no	none	1716 E. 30th. Street Mr. James A. Holland

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH PEN AND INK: please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardiac Insufficiency	6 mo.
DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	Arteriosclerotic Cardio-Vascular Disease	?
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1948, *to* Mar, 1949, *that I last saw the deceased alive on* Mar. 30 1949, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Roy M. Zimmerman M. D.	2838 Harford Rd.	31 Mar. 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/2/49	Oak Lawn Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

93D

45-8408

G73022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

223 Registered No. G73022

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ann Schoonover.

2. DATE OF DEATH APR 2 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE D.C.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington,
D. STREET ADDRESS (If rural, give location) 2150 Penna. Ave. N.W.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	9-17-13	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alfred [illegible]ligh

14. MOTHER'S MAIDEN NAME Mabel Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Johns Hopkins Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Parasellar Meningioma — INTERVAL BETWEEN ONSET AND DEATH: 3yrs.

DUE TO

(B) Post operative death

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr. 1, 49	Parasellar Meningioma	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-29- 1949 *to* 4-1- 1949, *that I last saw the deceased alive on* 4-1- 1949, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
George B. Culbreth M. D.	Johns Hopkins Hospital	Apr 2, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/5/1949	Arlington Memorial	Arlington, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR ADDRESS: Jos. Sawler's Sons. Wash. D.C.

560

Please write the cause of death clearly and correct age is especially important. Physician:

G730223 ✓ 730223 880849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

413 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIE BROWN

2. DATE OF DEATH: 4-1-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1425 N. HOWARD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore 25 Years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 1425 N. HOWARD STREET

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	NEGRO	WIDOWED	1- -1886	63	3	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KING-WILLIAM Co. VA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: THOMAS JOHNSON
14. MOTHER'S MAIDEN NAME: ALICE WARREN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. ALICE REID ADDRESS: 1425 N. HOWARD ST.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Do not abbreviate. Write the cause of death clearly and legibly. Exact age is especially important. Physician: please write your name legibly.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertension
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1947, *to* April 1, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Douglas Sheppard M. D.
23B ADDRESS: 604 N. Fulton ave
23C DATE SIGNED: 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-49
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY
24D LOCATION (City, town, or county) (State): A.A. Co. MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Wm. A. JACKSON - 916 PENNA, AVE ADDRESS

VS 150

927

G73024

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73024

1. NAME OF DECEASED (Type or Print): Marion Nelson Riggin

2. DATE OF DEATH: April 3 '49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Somerset
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crisfield
D. STREET ADDRESS (If rural, give location):

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	8-14-93	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher			

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Winfield Nelson	Mary Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Recurrent carcinoma of colon	18 mo.
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
1 yr. ago + 3/5/49	Ca of colon with metastases	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Yr) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 17, 1949 *to* April 2, 1949 *that I last saw the deceased alive on* April 2, 1949 *and that death occurred at* — m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry G. Bahnson M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-5-49	PRINCESS ANN	MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 3 - 1949	Washington Williams, M.D.	DALE DASHIELL	PRINCESS ANN MD

VS 150

46E

G-73025 ✓ E-8518.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G-73025

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STANLEY WILLIAM PLETZER JR.

2. DATE OF DEATH March 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Found: Foot of Bond Street

C. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Kent
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Hall 3-2
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	June 2, 1922	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stanley Wm. Pletzer

14. MOTHER'S MAIDEN NAME Elizabeth L. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.—it means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE (VIOLENCE) WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of Bond Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Found: 3 28 49 6p. m

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? probably accidental

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE [signature] M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR

23C. DATE SIGNED March 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE Apr. 3, 1949

24C. NAME OF CEMETERY OR CREMATORY Wesley Chapel

24D. LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE RECEIVED BY LOCAL REGISTRAR April 3, 1949

REGISTRAR'S SIGNATURE [signature] M.D

25. FUNERAL DIRECTOR ADDRESS Edgar L. Lane, Church Hill, Maryland.

VS 151

183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G73026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

G73026

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print) Weinberg, Harry E

2 DATE OF DEATH 4/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4 USUAL RESIDENCE (Where deceased lived. If institution, so state before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3704 Hilton Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp.

c. Length of stay in Baltimore 24 Yrs. Mos. Days Hours

5. SEX M | 6 COLOR or RACE W | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) married | 8 DATE OF BIRTH Sept 7-1891 | 9 AGE (In years. If under 1 year, 24 Hours Min. Months Days Hours Min.) 58

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate | 10B KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) Lith | 12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel

14 MOTHER'S MAIDEN NAME Kate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16 SOCIAL SECURITY NO.

17 INFORMANT Renee Weinberg ADDRESS 3704 Hilton Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Anemia with Respiratory Fail. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Carcinoma of stomach — 8 mos.
DUE TO = metastasis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? FS [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 3/25 1949 to 4/2 1949, that I last saw the deceased alive on 4/2 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23A SIGNATURE Peter Steinberg M. D | 23B ADDRESS Sinai Hosp | 23C DATE SIGNED 4/2/49

24A BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B DATE 4-3-49 | 24C NAME OF CEMETERY OR CREMATORY Beth Tfilon | 24D LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR 4-3-1949 | REGISTRAR'S SIGNATURE Lillington Williams, M.D | 25 FUNERAL DIRECTOR Jack Rewodke | ADDRESS 2100 Eutaw Pl

VS 150

PLEASE WRITE PLAINLY with pencil or pen. Do not use abbreviations. Be sure that the cause of death is correct, and that all items are complete and legible. Physician: please write the cause of death clearly and accurately. Age is especially important.

461

G73027

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73027

1. NAME OF DECEASED (Type or Print): LEAH SHELLER

2. DATE OF DEATH: 4-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL OF BALTIMORE

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3804 Bonner Road

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH:
9. AGE (In years) (If under 1 year, Months, Days; if under 24 hours, Hours, Min.): 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Taylor
14. MOTHER'S MAIDEN NAME: Jennie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Samuel Sheller ADDRESS: 3804 Bonner Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Carcinomatosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: Feb 8, 1949
19B. MAJOR FINDINGS OF OPERATION: Generalized carcinomatosis
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2 1949, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

23A. SIGNATURE: From M. Fisher M.D.
23B. ADDRESS: Sinai Hospital Baltimore
23C. DATE SIGNED: 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-3-49
24C. NAME OF CEMETERY OR CREMATORY: Beth Tefiloh
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1949
REGISTRAR'S SIGNATURE: [illegible] Wilkens, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

467

PLEASE WRITE PLAINLY, with ink or indelible pencil, and do not abbreviate. Physician: please write the cause of death clearly and correctly. Every item is especially important.

G73038

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° Registered No. G73038

1. NAME OF DECEASED (Type or Print) Sylvia Chor

2. DATE OF DEATH April 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02

D. STREET ADDRESS (If rural, give location) 2133 Linden Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Single	2-9-06	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Chor

14. MOTHER'S MAIDEN NAME Mary Goodman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) Carcinoma of the breast — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pre-frontal lobotomy — 2 days

19A. DATE OF OPERATION March 30, 1949

19B. MAJOR FINDINGS OF OPERATION left prefrontal lobotomy

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/49 to 4/1/49, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 3 [illegible] m., from the causes and on the date stated above.

23A. SIGNATURE Robert Green M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED Apr 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-[illegible]-49

24C. NAME OF CEMETERY OR CREMATORY United Hebrew

24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1949

REGISTRAR'S SIGNATURE [illegible] Washington Boulevard, Md

25. FUNERAL DIRECTOR Jack Lewis Inc. ADDRESS 2100 Eutaw Pl

VS 150

50

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

673029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 1 3

Registered No. 673029

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH LATIN

2. DATE OF DEATH 4-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3407 Nelson Ave

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) married | 8. DATE OF BIRTH | 9. AGE (In years last birthday) 60 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Morris | 14. MOTHER'S MAIDEN NAME Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Etta Latin | ADDRESS 3407 Nelson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular Fibrillation

DUE TO

(B) Hypertensive CVD

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21, 1949, *to* 4/1, 1949, *that I last saw the deceased alive on* 4/1, 1949, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Benzion C. Schwartz M.D. | 23B. ADDRESS Sinai Hospital | 23C. DATE SIGNED 4/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-5-49 | 24C. NAME OF CEMETERY OR CREMATORY Rosedale | 24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 3 1949 | REGISTRAR'S SIGNATURE [illegible] Baltimore, Md. | 25. FUNERAL DIRECTOR Jack Lewis Inc 2100 | ADDRESS Eastern Ave

VS 150

934

G73030

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73030
Registered No.

1. NAME OF DECEASED (Type or Print): MR EDGAR HORN

2. DATE OF DEATH: 4-2-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL CALVERT & SARATOGA STS.
C. Length of stay in Baltimore: 24 YRS. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 5217 SPRING LAKE WAY

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 15, 1878
9. AGE (In years last birthday): 51
If Under 1 Year: Months 0 Days 17
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: PUBLISHER
11. BIRTHPLACE (State or foreign country): CHICAGO ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN HORN
14. MOTHER'S MAIDEN NAME: KATHERINE BECHTEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: PATIENT ON ADMISSION — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ACUTE LYMPHATIC LEUKEMIA
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2, 1949 *to* 4-2, 1949, *that I last saw the deceased alive on* 4-2, 1949, *and that death occurred at* 3:25A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. D. Thomas Jr. M.D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-4-49
24C. NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL
24D. LOCATION (City, town, or county) (State): BALTO. CO.

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD.

VS 150

74a

Please write the cause of death clearly and legibly. Physician: please write the exact age in especially important.

G73031 ✓ X G73031

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E-8 17 4 Registered No.

1. NAME OF DECEASED (Type or Print) BETTY ROE — N-864.0

2. DATE OF DEATH April 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson
D. STREET ADDRESS (If rural, give location) Malvern and Ruxton Avenues

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	June 4 1928	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Singer	Television	Balto. Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornelius V Roe	Elizabeth Rider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

Please write plainly with pencil or pen: please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hemorrhage
DUE TO
(B) Rupture of Liver & Spleen
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTORY [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bellona and Ruxton Avenues

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 1 7p. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? pedestrian struck by auto

22 *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Emil E Rogen M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED April 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 4 1949	Druid Ridge	Pikesville

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Henry W Jenkins & Sons ADDRESS 4905 York Rd

170C

VS 151

G730332

2 Transcripts mail to Bur.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 Registered No. G730332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5051 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5051 Frederick ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Andrew Jeffers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Grace L. Jeffers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 6 - 1874

8. AGE: Years 74 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(town, county, and state)

10. Usual Occupation Picture Framer

11. Industry or business

MOTHER / FATHER

12. Name Andrew Jeffers
13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Edwin Cusor
(b) Address 5051 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 - 1949 (month) (day) (year)
(c) Cemetery or crematory Lorraine Gens
Location Baltimore Md.

18 (a) Funeral director Samuel C. Supper
(b) Address 1600 N. North Ave

19 APR 3 - 1949 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1949 at 5-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1949 to Apr 1 1949, and that I last saw him alive on Apr 1 1949.

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	6 mos.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. J. Williamson M. D.
Address 4508 Edmondson Ave Date signed 4/2/49

PLEASE WRITE PLAINLY, WITH INK OR TYPEWRITER. Every item must be answered. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

939

G73033
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G730.33

1. NAME OF DECEASED (Type or Print): Elizabeth Murray

2. DATE OF DEATH: April 2 1949

3. PEACE OF DEATH:
A. Baltimore City, Maryland — Balto. md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1200 Valley St. 10-01

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor Home for the aged

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	W.	W.	Dec. 24, 1864	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	—	

13. FATHER'S NAME: John Brady

14. MOTHER'S MAIDEN NAME: Ann Newman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Sister Ignatius ADDRESS 1200 Valley St City

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Edema Lungs — — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Chronic Myocarditis — 5 yrs

DUE TO

(C) Arteric - Sclerosis — 8 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 10 , 1949, to April , 1949, *that I last saw the deceased alive on* April 2 , 1949, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E Gill Hall MD M. D.	1631 E North Ave	April 2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 4, 1949	Calvary	New York

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 3 - 1949	Huntington Williams, M.D.	Rela Wiedefeld	900 E. Biddle St

APR 53 1950

931

Please write the cause of death clearly and legibly. Physician's please write especially important. Physician's please write especially important. Physician's please write especially important

G73034

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Apr. 1 G73034 Registered No.

1. NAME OF DECEASED (Type or Print): Frederick Campbell

2. DATE OF DEATH: April 2 / 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sisters of the Home for the Aged
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1200 Valley St 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	W.	1864	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	—	

13. FATHER'S NAME: John Campbell

14. MOTHER'S MAIDEN NAME: Bridget Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Sister Superior	1200 Valley St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic Myocarditis	5 yrs
DUE TO	(B) Arteria Sclerosis	10 yrs
DUE TO	(C)	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1 *, 1949, to* April 2 *, 1949, that I last saw the deceased alive on* April 1 *, 1949, and that death occurred at* 1:30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Gill Hall M.D. M. D.	1631 E. North ave	April 2-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 5, 1949	Cathedral	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 3 - 1949	Huntington Williams, M.D.	Rita Wiedefeld	900 E. Biddle St. 93D

VS 150

Please write the cause of death clearly and legibly. Physician please be especially important. If death occurred more than one year ago is especially important.

G730.35 ✓ 20 0 G730.35

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 Registered No.

1. NAME OF DECEASED (Type or Print) Hannah Sheffield

2. DATE OF DEATH April 2 - 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Windsor House Home 3025 Windsor Ave

C. Length of stay in Baltimore: Yrs. Life / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write IN R.F.D. and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 218 S Ann St

5. SEX female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 1875 | 9. AGE (In years last birthday) 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nathan Abraham

14. MOTHER'S MAIDEN NAME Minna Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO —

17. INFORMANT Eli Abraham | ADDRESS 2211 Ruskin Ave

MEDICAL CERTIFICATION

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) arteriosclerotic heart disease due to

DUE TO (B) general arteriosclerosis

DUE TO (C) acute coronary occlusion.

hypertension

INTERVAL BETWEEN ONSET AND DEATH
(A) ?
(B) 2 days
(C) ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12th, 1941 *to* April 2, 1949, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE H. A. Michelson M.D. | 23B ADDRESS 2230 Eutaw Pl. | 23C DATE SIGNED 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-4-49 | 24C NAME OF CEMETERY OR CREMATORY Baltimore | 24D LOCATION (City, town, or county) Baltimore (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1949 | REGISTRAR'S SIGNATURE Lucille Patterson, M.D. | 25 FUNERAL DIRECTOR Frank A. Seitz | ADDRESS 814 W. Baltimore St

VS 150

937

Please write the cause of death clearly and correct age is especially important. Physicians:

G73036

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 415

G73036

Registered No.

1. NAME OF DECEASED (Type or Print) Ruth Mennemeyer

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hospital
C. Length of stay in Baltimore: Years 14 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex
D. STREET ADDRESS (If rural, give location) 1617 Dollettle Rd.

5. SEX F
6. COLOR
7. RACE
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-19-1911
9. AGE (In years last birthday) 38
If Under 1 Year: Months 2 Days 13
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles E. Bennett
14. MOTHER'S MAIDEN NAME Zelphia Benjamin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph Mennemeyer ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
(B) Mural Thrombosis — 2
DUE TO
(C) Rheumatic Heart Disease — 14 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1949 *to* 4-2, 1949 *that I last saw the deceased alive on* 4-2, 1949 *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Benjamin Kudlansky M. D.
23B. ADDRESS Univ. Baltimore General Hosp.
23C. DATE SIGNED 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 4-5-49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State) Cincinnatti Ohio

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR James J. Brzezynske ADDRESS

VS 150

95 L

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73037 ✓ 60 G73037

BIRTH NO. Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): Florence Kelly
2. DATE OF DEATH: 3/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 Laurens St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
a. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 419 Laurens St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Widow	Aug. 1 1880	68	7 30	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chase, Md.	U.S.A.

13. FATHER'S NAME: James Jackson
14. MOTHER'S MAIDEN NAME: Emeline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Emeline Porter ADDRESS 419 Montmorency St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetes acidosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus — ?

DUE TO

(C) Myocardial Failure

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-31, 1949 *to* 3-31, 1949, *that I last saw the deceased alive on* 3-31, 1949, *and that death occurred at* 11 30 a *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. Harris M.D.	1824 W. Franklin St	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/5/1949	Mt. Auburn	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George H. Holland ADDRESS: Undertaker

VS 150

61

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

590 Registered No. G73038

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah B. White

2. DATE OF DEATH 4/1/1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2207 Etting St.
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2207 Etting St. 14-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. If under 1 year, Months, Days. If under 24 hours, Hours, Min.)
Female	Colored	Widow	Oct. 14, 1898	50 — 4 months 17 days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U.S.A.

13. FATHER'S NAME Curtis Stoakley
14. MOTHER'S MAIDEN NAME Eliza Fleet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Grace White	2207 Etting St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Nephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 27, 1949, *to* Apr 1, 1949, *that I last saw the deceased alive on* Mar 31, 1949, *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
McDonald Bundo M.D.	2445 Druid Hill Ave.	Apr 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/1949	Arbutus Mem. Park	Balt. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 3 - 1949	Thurlington Williams, M.D.	Jno. A. Holland	Druid Hill Ave.

VS 150

130

correct age is especially important. Physician: please write the cause of death clearly and legibly.

73039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73039

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wendel Magyar

2. DATE OF DEATH Mar. 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 43 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write IN RAL and give township) Baltimore 24

D. STREET ADDRESS (If rural, give location) 1422 Hanbert St

5. SEX M.

6. COLOR OR RACE White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) married

8. DATE OF BIRTH 12-31-1878

9. AGE (In years last birthday) 71 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hungary

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Wendel Magyar

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-18-0159

17. INFORMANT Barbara Magyar ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A. Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

B. Myrlophthisis — 3 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10 1944 to ~~March~~ March 31 1944 *that I last saw the deceased alive on* March 31 1944 *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Solomon Rudman M. D.

23B. ADDRESS 2424 Eutaw Place

23C. DATE SIGNED April 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Apr. 1949

24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.

24D. LOCATION (City, Town, or County) Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 3 - 1949

REGISTRAR'S SIGNATURE Thurston Williams M.D.

25 FUNERAL DIRECTOR Jos. J. Lee

ADDRESS 1100 E. Fort Ave.

VS 150

74B

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Important. Physician: please write the cause of death clearly and legibly. correct age is especially important.

331

G73040

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73040

Registered No.

1. NAME OF DECEASED (Type or Print): Paul Jordan

2. DATE OF DEATH: April 1/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2300 E. Hoffman street

c. Length of stay in Baltimore: lifetime (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2300 E. Hoffman street

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1869

9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 79 years

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shirt Cutter (Retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Ellis Jordan

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Mrs. Marie M. Klank
ADDRESS: 2300 E. Hoffman street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
ANTECEDENT CAUSES
(B) Arterio-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* [illegible] 19[illegible] *to* April 1 19[illegible] *that I last saw the deceased alive on* [illegible] 19[illegible] *and that death occurred at* [illegible] A m. *from the causes and on the date stated above.*

23A. SIGNATURE: C. Jos. Hall M.D. M.D.

23B. ADDRESS: [illegible]

23C. DATE SIGNED: April 1 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 4/49

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: Chas. H. Evans & Son Inc.

ADDRESS: 832a 118 N. Mt. Royal Ave

VS 150

Physicians: please write the cause of death clearly and accurately. Correct age is especially important.

Dr. Fisher
5730-41
3610 Roseland

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G7304 1
Registered No.

1. NAME OF DECEASED (Type or Print) MILTON CANTWELL

2. DATE OF DEATH Apr. 2, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1676 Darley Avenue
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1676 Darley Avenue

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 31, 1897
9. AGE (In years last birthday) 51 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penn R.R.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John U. Cantwell
14. MOTHER'S MAIDEN NAME Edora ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mrs. Dorothy Cantwell, ADDRESS 1676 Darley

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.) I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion
DUE TO
INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1949 to Apr 2, 1949 that I last saw the deceased alive on Apr 1, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

23A. SIGNATURE Ernest Fisher M. D.
23B. ADDRESS 8 E. Preston St
23C. DATE SIGNED Apr 2 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-5-49
24C. NAME OF CEMETERY OR CREMATORY Presbyterian Cem
24D. LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1949
REGISTRAR'S SIGNATURE Deputy for Williams M.D.
25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

VS 150

94a

Write the cause of death clearly and legibly. Physician, please write important. Please write especially correct age is especially important.

BIRTH NO. 73042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 V

Registered No. G73042

1. NAME OF DECEASED (Type or Print): MICHAEL BRONICH

2. DATE OF DEATH: 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL OF BALTIMORE INC.
c. Length of stay in Baltimore: 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Essex Zone #21
D. STREET ADDRESS (If rural, give location): 1609 Rickenbacker Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21. 1917
9. AGE (In years last birthday): 31 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die Maker.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manhattan, N. Y.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Anthony Bronich
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Helen Bronich, 1609 Rickenbacker Rd ADDRESS

MEDICAL CERTIFICATION

(Physician: please write the cause of death clearly and legibly. Exact age is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic glomerulonephritis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1949 *to* 4-3, 1949 *that I last saw the deceased alive on* 4-3, 1949, *and that death occurred at* 2^10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Barnett Berman M. D.
23B. ADDRESS: Sinai Hosp., Inc.
23C. DATE SIGNED: 4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/3/49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale & Linden Cemetery
24D. LOCATION (City, town, or county) (State): Linden, N. J.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Hunting for Williams, M.D.
25. FUNERAL DIRECTOR: Howard N. Blight Jr. ADDRESS: 6009 Harford Rd. Balto 14

VS 150

1316

G730:3

B.C. 49.06620

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16

G730:3

Registered No.

1. NAME OF DECEASED (Type or Print): Infant Odessa Lee Smith

2. DATE OF DEATH: March 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 430 N. Payson St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. 8 Mos. Days

D. STREET ADDRESS (If rural, give location): 430 N. Payson St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
Male	Colored	Single	3/22/49			8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	none	Maryland	

13. FATHER'S NAME: Lear Marion Smith

14. MOTHER'S MAIDEN NAME: Dorothy Naomi Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT: Dorothy N. Lee

ADDRESS: 1107 Oakdale Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-22, 1949 *to* 3-30, 1949 *that I last saw the deceased alive on* 3-30 1949, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	1543 Penna. Ave	3/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	MAR 31 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	[illegible] Taylor Williams, M.D.	Commissioner of Health	

VS 150

159

Physician: please write the cause of death clearly and correct age is especially important.

G73044

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

578 Registered No. G73044

1. NAME OF DECEASED (Type or Print): Christina Burkard

2. DATE OF DEATH: 7/2/79

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION ("If not in hospital or institution, give street address or location"): 1616 Park Ave

C. Length of stay in Baltimore: Yrs. , Mos. , Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 1616 Park Ave 14 01

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	Jan 29 1885	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Burkard	Johanna Roecke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Post Operative Abdominal Fistula — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

ANTECEDENT CAUSES
(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
C. [illegible] Turbenville M.D.		7/4/79

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	4/6/49	London Park	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	[illegible] Asst. Registrar	Mulhorn & Son Inc	1217 E. Pratt St

VS 151

123

Please write the cause of death clearly and legibly. Physician: please write with care as especially important.

G73045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 51

Registered No. G73045

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anne Wise Burness

2. DATE OF DEATH April 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland B. Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

5a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 320 E. Cold Spring Lane

D. STREET ADDRESS (If rural, give location) 320 E. Cold Spring Lane 27-14

5b. Length of stay in Baltimore — Yrs. / Mos. / Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	Widowed	April 12, 1881	57	11	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
seamstress		Baltimore, Maryland	

13. FATHER'S NAME Philip E. Wise

14. MOTHER'S MAIDEN NAME Frances C. Greenwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		218-09-8332	Mrs. Claire Snyder	320 E. Cold Spring L.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Adenocarcinoma, Stomach	4mos.
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
18 Jan. 1949	Adenocarcinoma Stomach	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1946 *to* 19 April 1949, *that I last saw the deceased alive on* 30 Mar., 1949, *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	M. D.	23B. ADDRESS	23C. DATE SIGNED
W Mott Kammer Jr.		5015 Kenilworth Ave.	2 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/49	Loudon Park Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Registrar for Baltimore, Md.	Wm. Cook, Inc.,	1217 St. Paul Street

VS 150

46B

Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G73046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73046

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas J. Wiley

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 700 E. Baltimore St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Single	7-1887	61	8	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Bur. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Wiley	Anna E. Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	W.W.I		[illegible]	[illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It must be the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained at said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
George H. Merrill M.D.		3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/4/49	[illegible]	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	[illegible] Williams, M.D.	[illegible]	[illegible]

VS 151

130

Please write the cause of death clearly and legibly. Physicians please write the correct age is especially important.

G730:7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G730:7

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Marion B. Woolery**

2. DATE OF DEATH **April 2, 1949**

3. PLACE OF DEATH: A. **Baltimore City, Maryland** **Baltimore, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **325 S. Lehigh Street**

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **325 S. Lehigh Street** 2607

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	November 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) **Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT **Mr. Carroll Woolery.** ADDRESS **325 S. Lehigh St.**

MEDICAL CERTIFICATION

(Please write the cause of death clearly and correctly. Physician: please write legibly. Important. Physician: please write the cause of death clearly and correctly. Physician: please write legibly. Correct age is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Pulmonary Tuberculosis** — INTERVAL BETWEEN ONSET AND DEATH **24 years**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5-, 1947 *to* 4-2-, 1949, *that I last saw the deceased alive on* 4/2/49, 19—, *and that death occurred at* 2A. m., *from the causes and on the date stated above.*

23A. SIGNATURE **Benj. B. Mors** M. D. — 23B. ADDRESS **448 N. Luzerne Ave** — 23C. DATE SIGNED **4/2/49**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** — 24B. DATE **4/4/49** — 24C. NAME OF CEMETERY OR CREMATORY **Oak Lawn Cemetery** — 24D. LOCATION (City, town, or county) **Baltimore, Maryland** (State)

DATE RECEIVED BY LOCAL REGISTRAR **APR 4 1949** — REGISTRAR'S SIGNATURE **Hunter Williams, M.D.** — 25. FUNERAL DIRECTOR **Wm. Cook, Inc.,** ADDRESS **1217 St. Paul Street**

VS 150

130

G730:8 CERTIFICATE CORRECTED 2-20-59 ✓ ✓ ✓ G730:8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THOMAS H. SMITH

2. DATE OF DEATH: 4/2/49 1:15 a.m.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4705 SCHLEY AVE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 4705 SCHLEY AVE 27-01

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/22/1875
9. AGE (In years last birthday): 73 — If Under 1 Year: Months 11, Days 10 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Print Making
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Smith
14. MOTHER'S MAIDEN NAME: Susan Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs C. Smith — ADDRESS: 4705 Schley Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chron Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO
(B) Arteriosclerosis — 10 yr
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1947, to April 2, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 1.15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Lachman M. D.
23B. ADDRESS: 2322 Callow Ave
23C. DATE SIGNED: April 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/5/49
24C. NAME OF CEMETERY OR CREMATORY: Mountain View
24D. LOCATION (City, town, or county) (State): Druid Hill Park Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
26. FUNERAL DIRECTOR: [illegible] — ADDRESS: 1217 St. Paul St.

VS 150

937

Please write the cause of death in ink. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G730-9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/21 4

G730-9 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Linda Poehlman

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 909 N. Patterson Park Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 909 N. Patterson Park Ave.,

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	June 22, 1866	82	9	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Maryland	

13. FATHER'S NAME: Christian Schuler

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Valvular Heart

DUE TO

(B) Pneumonia

DUE TO

(C) Hardening of Arteries

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 yr., 1946 *to* 3/31, 1949 *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr. J. C. Hearn M.D.

23B. ADDRESS: 1901 Harrison Blvd

23C. DATE SIGNED: 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/4/49

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Colgate, Md.

DATE RECEIVED BY REGISTRAR: APR 5 1949

REGISTRAR'S SIGNATURE: Thurston Williams, M.D.

25. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS: 2008 Orleans St.,

VS 150

920

Please write the cause of death clearly and accurately. Physician: please write the cause of death clearly and accurately. Physician: please write the cause of death clearly and accurately. Physician:

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 73050

1. NAME OF DECEASED (Type or Print): Alice Zimmerman

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4401 Forrest View Ave Z 6

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 9,1879
9. AGE (In years last birthday): 69 yrs (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willian Turner
14. MOTHER'S MAIDEN NAME: Mary A. Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C.H. Records, 4940 Eastern Ave. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypernephroma with metastasas	3 Months
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C) Genreal Arterosclerosis	1 Year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31- , 19 49 to 4-3- , 19 49 *that I last saw the deceased alive on* 4-3- , 19 49 *and that death occurred at* 9.10A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4-3-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: [signature] Williams, M.D.
25. FUNERAL DIRECTOR: Lasasha Funeral Home ADDRESS: 7401 Belair Rd.

VS 150

52a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73051

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): John Henry Jordan

2. DATE OF DEATH: 7/2/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John Hopkins Hospital

c. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Kingsville Md
D. STREET ADDRESS (If rural, give location): Kingsvill - Md

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	widower	Aug. 19th, 1881	67	7	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	State Roads	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conrad Jordan	Anna Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. John Jordan	246 Burke Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 2yrs
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. [illegible] M.D.	☐ ☐ ☐	7/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4/6/49	Fork Methodist	Fork, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	[illegible]	Lassahn Funeral Home	7401 Belair Rd.

VS 151

94a

Please write very plainly. Physician, please write the cause of death clearly and legibly. Correct age is especially important.

G73052

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73052

1. NAME OF DECEASED (Type or Print) — JONAS JACOBS

2. DATE OF DEATH — 4-3-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) — 934 Chauncey Ave

C. Length of stay in Baltimore — 45 Yrs

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE — Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) — Balto
D. STREET ADDRESS (If rural, give location) — 934 Chauncey Ave

5. SEX — Male
6. COLOR OR RACE — White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) — Married
8. DATE OF BIRTH
9. AGE (In years last birthday) — 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) — Poland
12. CITIZEN OF WHAT COUNTRY? — U.S.A.

13. FATHER'S NAME — Harry Jacobs
14. MOTHER'S MAIDEN NAME — Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — No
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS — Harold Jacobs — 934 Chauncey Ave

MEDICAL CERTIFICATION

Physician: please write the cause of death clearly and legibly. If cancer is suspected, please indicate. If accident age is especially important.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH — 18 months
DUE TO

ANTECEDENT CAUSES
B)
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO — Thrombophlebitis right leg — 10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 1946
19B. MAJOR FINDINGS OF OPERATION — Ca of Prostate
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946 to April 3 1949 that I last saw the deceased alive on April 3, 1949 and that death occurred at 8 AM, from the causes and on the date stated above.

23A. SIGNATURE — Isador Gans M.D.
23B. ADDRESS — 2407 Eutaw Place
23C. DATE SIGNED — April 4 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) — Burial
24B. DATE — 4-4-49
24C. NAME OF CEMETERY OR CREMATORY — Balto. Hebrew
24D. LOCATION (City, town, or county) — Balto. — Md.

DATE RECEIVED BY LOCAL REGISTRAR — APR 4 - 1949
REGISTRAR'S SIGNATURE — Huntington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS — Nack Lewis Inc. — 2100 Eutaw Pl.

VS 150

511

G730353

Hospital Dispensary BC-49-8060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760.5 G730353 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baby Girl Robinson

2. DATE OF DEATH March 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1404 Mc Elderry St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Child	3-20-49			8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage	
DUE TO	(B) Prematurity	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-20, 1949 *to* 3-20, 1949 *that I last saw the deceased alive on* 3-20, 1949, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H. Angell M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Dispensary	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Registrar for Williams, M.D.		

VS 150

160a

Please write the cause of death clearly and legibly. Physician is especially important. Physician's signature is required. Date of death is especially important.

G730:54

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181

G730:54

Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES KALTER

2 DATE OF DEATH April 2 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 3700 Gelston Drive

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3700 Gelston Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	June 13 1886	62.	9 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Die Maker	Baltimore Md	

13. FATHER'S NAME Henry Kalter

14. MOTHER'S MAIDEN NAME Anna Hansen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	215-03-3084	Caroline Kalter	3700 Gelston Drive

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of Bladder	8 yrs.
DUE TO (B)		
DUE TO (C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* Oct. 1948, 19__, *to* 4-2-49, 19__, *that I last saw the deceased alive on* 4-2-49, 19__, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry S Gimbel M. D.	2205 Edmondson Ave	4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 5 1949.	Western	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Registrar for Williams, M.D.	Wm. Wm. John W. Tenfel & Son	5311 Edmondson Ave. 52 B

VS 150

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G730:55 B.C.49-6426 — 776 — Registered No. G730:55

1. NAME OF DECEASED (Type or Print): Baby Harney

2. DATE OF DEATH: March 29 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2226 McCulloh St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored		3/28/49		1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Wm Harney

14. MOTHER'S MAIDEN NAME: Charlotte Cager

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/49 *to* 3/29/49, *that I last saw the deceased alive on* 3/29/49, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Williamson M. D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hosp Dept	

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR | ADDRESS

VS 150

159

Hospital Disposal

BIRTH NO. B.F.49-06383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

401 3 Registered No. 6730356

1. NAME OF DECEASED (Type or Print): Roger Hatcher

2. DATE OF DEATH: MAR 29 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1201 Raleigh Way 7-16

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White		3-24-49			4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Esdras Hatcher

14. MOTHER'S MAIDEN NAME: Liselotte ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumococcal Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22-, 1949, *to* 3-29-, 1949, *that I last saw the deceased alive on* 3-29-, 1949, *and that death occurred at* 2:15 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Eugene O. Goldstein M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 3-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: Ft Dufferin

24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: 4-6-49

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: ADDRESS:

VS 150

81a

Please write the cause of death clearly and correct age is especially important. Physician, please write

G730:57 ✓ Vol. 1 G730:57

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Bernard Jones

2. DATE OF DEATH: 7/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mayfield General Hospital
C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 406 George St 17-01

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. ? 1888
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foodtaster
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaih Jones
14. MOTHER'S MAIDEN NAME: Clara A. Smith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or service)
16. SOCIAL SECURITY NO:
17. INFORMANT: James A. Jones ADDRESS: 406 Geo. St.

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Important. Physician: please write correct age if especially requested.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis [illegible]

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: S. [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 7/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: [illegible] Washington Williams, M.D.
25. FUNERAL DIRECTOR: A. J. Halstead ADDRESS: 918 Lemmon Hill Ave. 21

VS 151

G730358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G730358 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Annie Briscoe

2. DATE OF DEATH 4/1-49

3. PLACE OF DEATH: A. Baltimore City, Maryland B. 711 Cumberland St

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 711 Cumberland St

C. CITY OR TOWN Balto (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore 50 yr Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 711 Cumberland St 15 0

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F	C	Widow	Aug 18, 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Jefferson

14. MOTHER'S MAIDEN NAME Elvira Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) &

16. SOCIAL SECURITY NO.

17. INFORMANT Clarence Briscoe ADDRESS 2312 Stockton St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/11, 19 49, to 4/1, 19 49 *that I last saw the deceased alive on* 4/1 19 49, *and that death occurred at* 2:45 m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.

23B. ADDRESS 2134 W Lafayette

23C. DATE SIGNED 4/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-5-49

24C. NAME OF CEMETERY OR CREMATORY Arlington

24D. LOCATION (City, town, or county) (State) md

DATE RECEIVED BY LOCAL REGISTRAR APR 4 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR George E. Nelson ADDRESS 1303 Presstman St

VS 150

94a

Please write the cause of death clearly and legibly. Physician: please write important. Physician: please write especially if incorrect age is especially important.

G73039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73039 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Sarah Brant

2. DATE OF DEATH 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mercy Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp.

c. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 785 N. Exeter St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C	Married	9-10-1903	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.		Baltimore Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otis Bee	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Bernard Palmer Brant	173 N. Exeter St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Miliary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-29- 1949 *to* 3-3- 1949 *that I last saw the deceased alive on* 3-31- 1949, *and that death occurred at* 7.15 P m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. D. Thomas Jr. M.D.	Mercy Hosp	4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/4/49	Mt Auburn	Baltimore City.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Entered for Williams, M.D.	Joseph A. Lively	661 W Baltimore St

VS 150

1313

G73060

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73060

1. NAME OF DECEASED (Type or Print) Louise Bauman Curlett

2. DATE OF DEATH Apr 2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Homewood 0665
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home
c. Length of stay in Baltimore 60 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.
D. STREET ADDRESS (If rural, give location) Charles 931 St Apt 6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	Feb 8/1884	65 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Virginia	U.S.

13. FATHER'S NAME Louis Bauman

14. MOTHER'S MAIDEN NAME Caroline Lutz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no none	none	Jno N Curlett Son	Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO (B) Congenital Heart disease with thrombus in left auricle — Present all of life.

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 25th, 1945, *to* Apr 2nd, 1949 *that I last saw the deceased alive on* Mar 31st, 1949, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Murray Fisher M. D.	18 E. Eager St. Balto. 2	4/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-6-49	Druid Ridge	Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 1949

REGISTRAR'S SIGNATURE: Thurston Williams, M.D.

25. FUNERAL DIRECTOR: Geo. Joerdens Son — ADDRESS: 1927 Park.

VS 150

94a

G730651

M M. 72764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G730651

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Thaxton

2. DATE OF DEATH 4- 1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospital 4940 Eastern Avenue

c. Length of stay in Baltimore 10 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 418 N. Caroline St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Years last) (Day)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro	M	May 3rd ?	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Smith Scott

14. MOTHER'S MAIDEN NAME Minnie Sheldon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Records Balto. City Hospitals ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

(Write the cause of death clearly and legibly. Physician please write important. Please age is especially important.)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 7 Years

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 24- 1942, *to* 4- 1- 1949, *that I last saw the deceased alive on* 4 - 1 - 1949, *and that death occurred at* 5.50 A m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS B.C.H. 4940 Eastern Ave

23C. DATE SIGNED 4-2-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-6-49

24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State) Brooklyn A.A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR APR 4-1949

REGISTRAR'S SIGNATURE [signature] for Williams, M.D.

25. FUNERAL DIRECTOR Elroy O. Wilson

ADDRESS 1100 Huntley Ave

VS 150

132

73062

G73062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73062

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Louise Schmelz

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1439 Homestead St
c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1439 Homestead St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 9 1871
9. AGE (In years last birthday): 77 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W Sherwood
14. MOTHER'S MAIDEN NAME: Caroline Myers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *** (If yes, give war or dates of service) ***
16. SOCIAL SECURITY NO ***
17. INFORMANT: Martin Schmelz (Husband) ADDRESS: 1439 Homestead St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO
(B) Arteriosclerotic Cardio-Vascular Disease — 9.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1945 *to* Apr ____, 1949, *that I last saw the deceased alive on* April 2, 1949 *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Leo M. Bannerman M. D.
23B ADDRESS 2850 Hartford Rd
23C DATE SIGNED April 4, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6 1949
24C. NAME OF CEMETERY OR CREMATORY: Moreland's Memorial Park
24D LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4-1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: J. Melville Jenkins
ADDRESS: 2713 Kirk Ave

VS 150

92D

Physician please write legibly. Cause of death is especially important.

G730653

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G730653

1. NAME OF DECEASED (Type or Print): John T. Schley

2. DATE OF DEATH: 4/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Univ. Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp. - Greene & Lombard Sts
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto
D. STREET ADDRESS (If rural, give location): 3320 Woodland Ave. 27 18

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Sept. 22, 1883
9. AGE (In years last birthday): 65
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired-Station Master
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Schley
14. MOTHER'S MAIDEN NAME: Mary Terrel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lula Schley — ADDRESS: 3320 Woodland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis
DUE TO
(B) Auricular fibrillation?
DUE TO
(C) Embolism -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2 *, 19*49 *to* 4/2 *, 19*49 *that I last saw the deceased alive on* 4/2 *, 19*49 *and that death occurred at* 11 30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard E. Hall, M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

94a

CERTIFICATE CORRECTED 4-8-49 ✓

G730c4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 G730c4

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HEADLEY, Abby C.

2. DATE OF DEATH 4-2-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4311 Liberty Heights Ave. 28 C2

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) (W) Married

8. DATE OF BIRTH Dec. 18, 1878

9. AGE (In years last birthday) 70 (49) yrs | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Joseph Bronner

14. MOTHER'S MAIDEN NAME Emma Bisson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none (If yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17. INFORMANT Mrs. Virginia H. Booklund ADDRESS 4311 Lib. Hgts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II (B) Primary Carcinoma of Bladder with Metastases

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardiovascularenal Dis.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-49, 19__, *to* 4-2-49, 19__, *that I last saw the deceased alive on* 4-2-49, 19__, *and that death occurred at* 1:35 P m., *from the causes and on the date stated above.*

23A. SIGNATURE William A. Brannan M. D.

23B. ADDRESS Universoty Hospital

23C. DATE SIGNED 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 4/5/49

24C. NAME OF CEMETERY OR CREMATORY Bethany

24D. LOCATION (City, town, or county) (State) Collge (Calvert) Va.

DATE RECEIVED BY LOCAL REGISTRAR APR 4-1949

REGISTRAR'S SIGNATURE Hamilton Williams, M.D.

25. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Baltimore, Md.

VS 150

528

correct age is especial important. Physician please write the

G73065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73065

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (CHRISTINA) CHRISTINE C. HETTRICH

2. DATE OF DEATH 4/2/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 347 Yale Ave.
c. Length of stay in Baltimore Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 347 Yale Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)
female	white	widowed

8. DATE OF BIRTH February 6, 1866
9. AGE (In years last birthday) 93
8 Under 1 Year: Months Days
8 Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles H. Kniesel
14. MOTHER'S MAIDEN NAME Margaret Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Margaret Hettrich ADDRESS 347 Yale Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc: It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — 3 yrs.
DUE TO
(B) Chronic Myocarditis
DUE TO
(C) Hypertension

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from Jan. 1, 1945 to Apr. 2, 1949, that I last saw the deceased alive on Apr. 1, 1949, and that death occurred at 8:35 Am., from the causes and on the date stated above.

23A. SIGNATURE A. H. Crowther M.D.
23B. ADDRESS 4209 Hood Ave
23C. DATE SIGNED 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/5/49.
24C. NAME OF CEMETERY OR CREMATORY Western Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

937

Physician please write the cause of death in plain English. Do not use abbreviations. Do not state mode of dying. Be sure age is especially important. Physician please write the cause of death in plain English. Do not use abbreviations. Do not state mode of dying. Be sure age is especially important.

G73066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9730

Registered No. G73066

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARROLL M. FRISSELL — 11-9680 — 2. DATE OF DEATH: 4/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1906 W. Mulberry St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 15, 1892
9. AGE (In years last birthday): 56 yrs. — If under 1 Year: Months Days — If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired-clerk
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles M. Frissell
14. MOTHER'S MAIDEN NAME: Margaret E. Poulton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss L. Edna Frissell — ADDRESS: 1906 W. Mulberry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation
DUE TO
(B) Illuminating Gas
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. X
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1906 W. Mulberry St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 3, 1949, 12 Noon
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
21F. HOW DID INJURY OCCUR? Gas Jet on with hose in mouth

22. *I certify that I took charge of the remains described above, held an* Inspection of Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

23A. SIGNATURE: John R Sears, M D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR X
23C. DATE SIGNED: 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 131

163H

Collect age is especially important. Physician: please write the cause of death clearly and legibly.

G73067

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73067

1. NAME OF DECEASED (Type or Print): Rev. Samuel J. Kelly

2. DATE OF DEATH: 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Mercy Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A. STATE: Delaware
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clatton
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 1875
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Priest R.C.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Uremia — DUE TO

(B) Arteriosclerosis — Years — DUE TO

(C) Diabetes Mellitus — Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15 1949 to 3-31-1949 that I last saw the deceased alive on 3-31-1949, and that death occurred at 7.25 A m., from the causes and on the date stated above.

23A. SIGNATURE: V. D. Thomas, M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): New Orleans, La.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. FAHEY & SONS
ADDRESS: 1827 W. NORTH AVE.

VS 150

61

G73068 E 978.5 G73068

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. N-862

1. NAME OF DECEASED (Type or Print): Stella Kostick

2. DATE OF DEATH: April 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 4209 E. Lombard St. 2607

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	M		41		

10A. USUAL OCCUPATION (Give kind of work, considering most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Kuellman

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT: E. J. Kostick ADDRESS: 4209 E. Lombard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed Chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4200 block E. Lombard St., Bridge

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 1 1949 9:25A

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Jumped from bridge

22. *I certify that I took charge of the remains described above, held an* Insp. & inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

23A. SIGNATURE: Emil L. Ruzicka M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED: April 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/5/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lilly & Zeilenga ADDRESS: 403 S. Wolfe St.

VS 151

164E

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73069

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G7306.9

1. NAME OF DECEASED (Type or Print): ALBERT J. BISCOE

2. DATE OF DEATH: 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2506 JEFFERSON ST.
c. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2506 JEFFERSON ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	WIDOWED	11/19/1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	—	MARYLAND	U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—	?	EDITH BAKER	804 N. ROSE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA - PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Broncho-pneumonia — 1 DAY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/17, 1949, *to* 4/3, 1949, *that I last saw the deceased alive on* 4/3, 1949, *and that death occurred at* 1:25 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bruce B. Moore M.D.	448 N. Eutaw Street	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4/6/1949	BALTO. CEM.	BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Huntington Williams, M.D.	Lilly & Zeiler Inc.	403 S. WOLFE ST.

VS 150

51 R

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G730.0

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G730.0

Registered No.

1. NAME OF DECEASED (Type or Print): Robert Norman Hedrick

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1206 W. Belvedere Avenue

c. Length of stay in Baltimore: 35 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1206 W. Belvedere Avenue

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 5, 1891

9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Alarm Operator

10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Edward Hedrick

14. MOTHER'S MAIDEN NAME: Ellen Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT: Mrs. Rachel M. Hedrick ADDRESS: 1206 W. Belvedere Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Arteriosclerotic CVD
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 10 hrs.
(B) ?
(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1938 *to* April 3, 1949 *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lawrence Thomanek M. D.

23B. ADDRESS: 3716 Falls Rd

23C. DATE SIGNED: 4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 5, 1949

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS 150

937

Please write the cause of death clearly and accurately. Physician: please write legibly. Correct age is especially important.

G730.71 ✓ 49 G730.71

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Rosa Lee Harrison

2. DATE OF DEATH: 3-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore, Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 506 Seagull Ave
c. Length of stay in Baltimore: 22 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 506 Seagull Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	Negro	Married.	Feb. 2, 1926	23	2 3/	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Fairburn, GA.	U. S. A.

13. FATHER'S NAME: Jessie McCoy.

14. MOTHER'S MAIDEN NAME: Jennie Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Frederick Harrison	506 Seagull Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-28, 1949 *to* 3-31, 1949, *that I last saw the deceased alive on* 3-30, 1949, *and that death occurred at* 8:03 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jerry L. Luck M. D.	303 Bridgeview Road.	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	4-4-1949	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Huntington Williams, M.D.	Mrs Katie R. Williams	932 N. Johnson St

VS 150

108

Please write the cause of death clearly and legibly. Physician: please write in the cause of death clearly and legibly. Physician: please write in the cause of death clearly and legibly. Physician: please write in

G730.2 115687

CERTIFICATE CORRECTED 8-26-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G730.2

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Davis

2 DATE OF DEATH April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1705 Woodyear ST.

5. SEX: M

6. COLOR OR RACE: Negro

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.

8. DATE OF BIRTH: Feb. 11, 1907

9 AGE (In years last birthday) 42 yrs (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Maryland

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Davis

14 MOTHER'S MAIDEN NAME: Cora ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: B.C.H. Records 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5-47, 19__, *to* 4-3-, 19 49 *that I last saw the deceased alive on* 4-3-, 19 49, *and that death occurred at* 6.20 AM *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.

23B ADDRESS: B. C. H. 4940 Eastern Ave

23C DATE SIGNED: 4-3-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 6-1949

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary

24D LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4-1949

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

25 FUNERAL DIRECTOR: Wm Brooks

ADDRESS: 1462 N. Camp

VS 150

136

G73073 — 490 — G73073

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Norman Henson — 2. DATE OF DEATH: April 1-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1301 Winchester St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — 1301 Winchester St
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township) — Balto Md
D. STREET ADDRESS (If rural, give location) — 1301 Winchester St 16 02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	July 5-1902	47	-	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10B. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Eastern Shore Md — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: John Henson — 14. MOTHER'S MAIDEN NAME: Susie Abrams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. [redacted]-10-5193

17. INFORMANT: Minnie Henson — ADDRESS: 1301 Winchester St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Pneumonia (Lobar) — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO —

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* —, 19—, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 2:25 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1300 N. Fremont Ave	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	April 5 49	St Peter's Cemetery	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	[signature] Victor Williams, M.D.	V. Brooks	1462 N. Carey St

VS 150

108

Please write clearly. Physician: please answer all questions as completely as possible. Items 1 to 17 and 24 to 25 are especially important.

M.H. G730.4 127877

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 53

Registered No. G730.4

1. NAME OF DECEASED (Type or Print) David King

2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4940 Eastern Ave. Baltimore City Hospitals.

c. Length of stay in Baltimore 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 17 N. Durham ST. 6-04

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Married	Feb.11-1886	63 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME Albert King

14 MOTHER'S MAIDEN NAME Mary King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Records Balto. City Hospitals	4940 Eastern

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — Interval between onset and death: 1 Hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Small Bowel Obstruction — 3 days

DUE TO

(C) Carcinoma, Sigmod — over 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

I

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/30/49	Bowel obstruction	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-29-49, 19__, *to* 3-31, 19 49, *that I last saw the deceased alive on* 3-31-49, 19__, *and that death occurred at* 5.00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[signature] M. D.	B.C.H. 4940 Eastern Ave.	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-2-49	Mt. Calvary Cem.	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 4-1949	[signature]	Elroy O. Wilson	1000 Brantley Ave

VS 150

46 E

G730.75 ft Marshall

BALTIMORE CITY HEALTH DEPARTMENT 120 1 G730.75

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John F. Mack

2. DATE OF DEATH April 3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3712 Overlea Ave

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27 05
D. STREET ADDRESS (If rural, give location) 3712 Overlea Ave

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 15 1892
9. AGE (In years last birthday) 56
If Under 1 Year: Months 8 Days 14
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10B. KIND OF BUSINESS OR INDUSTRY Spice Mfg
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Mack
14. MOTHER'S MAIDEN NAME Amanda Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Anna B. Mack ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 weeks

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 5, 1949 *to* April 3, 1949 *that I last saw the deceased alive on* April 3, 1949 *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Adams Stevens M. D.
23B. ADDRESS 6232 Belair Rd
23C. DATE SIGNED April 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-6-49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1949
REGISTRAR'S SIGNATURE Hunter-Williams, Inc.
25. FUNERAL DIRECTOR Frank Koch & Son ADDRESS 900 N. Charles St.

VS 150

94a

Please write the cause of death clearly and legibly. Physician, please write exact age is especially important.

G730.76

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G730.76

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM JONES

2. DATE OF DEATH: 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.

c. Length of stay in Baltimore: 53 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milton
D. STREET ADDRESS (If rural, give location): 200 S. Front St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: JAN. 24, 1893
9. AGE (In years last birthday): 56 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Maugansville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Iverson S. Jones
14. MOTHER'S MAIDEN NAME: Sarah Alice Hause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Edna Jones, Hagerstown, Md
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure
DUE TO
(B) Emphysema - Calt
DUE TO
(C) Pneumonectomy Pneumoperitoneum - right

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1949 *to* 4-3, 1949 *that I last saw the deceased alive on* 4-3, 1949, *and that death occurred at* 2:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Alfred Rabenhorst, M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24D. LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Woodford T. Normont
ADDRESS: Hagerstown, Md.

VS 150

113

285-164

6730.7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5870 6730.7

Registered No.

1. NAME OF DECEASED (Type or Print): Irene Williams

2. DATE OF DEATH: APR 2 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 4 years Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1824 Ashland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	colored	married	1-6-18	30				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Mills
14. MOTHER'S MAIDEN NAME: Lucy Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pancreatitis

DUE TO

(B) with multiple intra-abdominal abscesses

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

19A. DATE OF OPERATION: 3/12/49
19B. MAJOR FINDINGS OF OPERATION: Acute Pancreatitis
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5- *, 19*49 *to* 4-2- *, 19*49 *that I last saw the deceased alive on* 4-2- *, 19*49 *and that death occurred at* 4 45 P *m. from the causes and on the date stated above.*

23A. SIGNATURE: David C Sabiston Jr
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: April 5/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Littleton N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Todd G. Elliott ADDRESS: Dept 1129 N. Eutaw St. 128

VS 150

G730'8

M M. 15935

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

450 0 G730'8

Registered No.

1. NAME OF DECEASED (Type or Print) May, Jennie

2 DATE OF DEATH April 1, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c Length of stay in Baltimore: 53 Years (Yrs / Mos / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural give location) 2811 Reese ST.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro	Single	1873 ~~26~~	76		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Virginia

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard May

14 MOTHER'S MAIDEN NAME Eliza Baker

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT B.C.H. Records ADDRESS 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Far Advanced Generalized Arteriosclerotic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e g in or about home, farm, factory, street, office bldg etc) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Yr) (Hour) OF INJURY | 21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1 28 , 19 , *to* 4-1- , 19 49 *that I last saw the deceased alive on* 4-1 , 19 49 , *and that death occurred at* 7.50 AM *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B ADDRESS B.C.H. 4940 Eastern Ave | 23C DATE SIGNED 4-2-1949

24A BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	April 6/49	Mt Calvary Cem.	A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1949 | REGISTRAR'S SIGNATURE [signature] Williams, M.D. | 25 FUNERAL DIRECTOR Miss Pott A. Elliott & Daughter ADDRESS

VS 150

11247 N. Carlin Spring Rd

Please write the cause of death clearly and accurately. Physician please write the cause of death clearly and accurately. Physician please write the cause of death clearly and accurately. Physician

G730.79

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G730.79

1. NAME OF DECEASED (Type or Print): Lucinda Roberts

2. DATE OF DEATH: March 31/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1210 E Madison St

c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D STREET ADDRESS (If rural, give location): 1210 E Madison St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	Married	Dec. 8,	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Hsw'n.	Red Springs N.C.	

13. FATHER'S NAME: Alexander McCallum

14. MOTHER'S MAIDEN NAME: Lydia Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Loretta Costello	932 N Bond St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Ventricular fibrillation	1 week
DUE TO (B)	Hypertension	3 years
DUE TO (C)	Carcinoma of Cervix	1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1949 *to* March 31, 1949 *that I last saw the deceased alive on* March 31, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. W. McDaniel M.D.	807 N Carolina St	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 4/49	Mt Calvary Cem	A.A. County Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	[illegible] for Williams, M.D.	Mrs Fort & Ellicott Daughter	1129 N. Caroline St

VS 150

48a

Please write the cause of death clearly and legibly. Physician's signature is especially important. Physician's address and date of signature are also important.

G73080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73080

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Theodore N. McIntosh

2. DATE OF DEATH: Apr.1,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4229 Berger Ave.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb.10,1902

9. AGE (In years last birthday) / If Under 1 Year Months Days / If Under 24 Hours Hours Min.: 47

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF (WHAT COUNTRY): U.S.A.

13. FATHER'S NAME: Charles McIntosh

14. MOTHER'S MAIDEN NAME: Mary Germack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215-10-2740

17. INFORMANT / ADDRESS: Mrs. Martha McIntosh, 4229 Berger A.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

(B) arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 *to* 4/1, 1949 *that I last saw the deceased alive on* 4/1, 1949, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benson C. Schwartz M.D.

23B. ADDRESS: Sinai Hospital

23C. DATE SIGNED: 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 4/5/49

24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.

24D. LOCATION (City, town, or county) (State): Woodlawn, Balto.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: B. Vernon Lemmon

ADDRESS: 4611 Park Hgts. A.

VS 150

94a

G73081 — BALTIMORE CITY HEALTH DEPARTMENT — G73081

CERTIFICATE OF DEATH

BIRTH NO — Registered No.

1. NAME OF DECEASED (Type or Print): Allen Fuller

2. DATE OF DEATH: 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 820 Druid Hill ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If under 24 Hours: Hours Min.
M.	B.	Single	Dec. 3, 1893	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Manning S.C.	U.S.A.

13. FATHER'S NAME: Samuel Lee Fuller
14. MOTHER'S MAIDEN NAME: Pauline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT: James Fuller - 820 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage, Ruptured Aneurism — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive Cardio Vascular
DUE TO
Disease
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3-49, 19, *to* 4-3-49, 19, *that I last saw the deceased alive on* 4-3-49, 19, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert G. Hahn M.D. M. D.	University Hosp	4-3-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Shipped	4/7/49		Sumter, S.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Lemington Williams, M.D.	A. Halstead	918 Druid Hill ave. 93

Revised

G73082 ✓ G73082

BIRTH NO. JL- 69465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 491 Registered No.

1. NAME OF DECEASED (Type or Print): William Bell

2. DATE OF DEATH: April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1843 McHenry St.

5. SEX: M
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Oct. 25, 1865
9. AGE (In years last birthday) (If Under 1 Year Months Days) (If Under 24 Hours Hours Min.): 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Virginia Prince
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 1941 *to* April 2, 1949, *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 2AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Cole M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 5 '49
24C. NAME OF CEMETERY OR CREMATORY: BALTO. CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HARRY H WITZKE ADDRESS: [illegible]

APR 4 50

107

...correct age is especially important. Physician please write the cause of death clearly and in full.

G73083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

581 °G73083

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Adelaide Milio

2. DATE OF DEATH 4/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital
C. Length of stay in Baltimore 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1612 S. Kirine

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH June 24 1884 | 9. AGE (In years last birthday) 64 | If Under 1 Year: Months 9 Days 9 | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Caserta Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Auguste Iso'
14. MOTHER'S MAIDEN NAME Filomena Giannetti

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT Santi Milio ADDRESS 1612 S. Kirine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CIRRHOSIS of LIVER

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/18 19 49 *to* 4/5 19 49 *that I last saw the deceased alive on* 4/5 19 49 *and that death occurred at* 10 45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Irwin S. Fox M. D.
23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 5 1949
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemo.
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Harold Dallahoell ADDRESS 322 S. High St.

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

124 B

G73084 ✓ 4-20-1 G73084

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Joseph Sciacca

2. DATE OF DEATH: April 2 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION ("If not in hospital or institution, give street address or location"): S.B.Ge.Hospital
C. Length of stay in Baltimore: 43 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1121 Marshall St. 23 02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Sept.22 1878	70	5	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cooper	Kimball Tyler Co.	Marsala Italy	

13. FATHER'S NAME: Leonardo Sciacca

14. MOTHER'S MAIDEN NAME: Maria Marino

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-07-6960

17. INFORMANT: Frances Sciacca(Wife) ADDRESS: 1121 Marshall

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: please write exact age if especially important.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil L Beyer M.D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6/49	New Cathedral Cem.	Old FrederickRd. Balt. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 4 1949	Thurston Williams, M.D.	Frank Dello 322 S. High St.

VS 151

94a

G73085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73085 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JESSE ANDREW DAVIS

2 DATE OF DEATH APRIL 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE, MD

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4302 Rugby Road

c. Length of stay in Baltimore 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE MD. B COUNTY BALTO.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4302 Rugby Rd

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	WHITE	MARRIED	DEC 6, 1870	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
SALESMAN	STEEL MANUFACTORING	SOUTH AMBOY, N.J.	U.S.A.

13. FATHER'S NAME ANDREW DAVIS

14 MOTHER'S MAIDEN NAME AMANDA HUSTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		DR. M.E. RANDOLPH	11 E. CHASE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of gallbladder — INTERVAL BETWEEN ONSET AND DEATH: ? 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Feb, 1949 *to* 2 Apr, 1949 *that I last saw the deceased alive on* 1 Apr, 1949, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Robert E. Mason M. D.	9 E. Chase St. Baltimore 2	3 Apr '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	Apr 4 1949	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949 VS 150	Huntington Williams, M.D.	Henry H. Jenkins Sons & Co	4902 York Rd

46F

correct age is especially important. Physician: please write plainly.

G73086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73086 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lydia D. Chase

2. DATE OF DEATH: Apr. 2, 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 N. Gilmor St
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 638 N. Gilmor St 16 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	W	5-7-1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto. Md.	U.S.

13. FATHER'S NAME: Henry Hutton

14. MOTHER'S MAIDEN NAME: Rachel Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
—	—	—	Rachel Wilson - 1515 N. Lemmon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/1, 1949 *to* 4/2, 1949, *that I last saw the deceased alive on* 4/2, 1949, *and that death occurred at* 6 30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. L. Taylor M. D.	1 E. Madison St	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4-6-49	Mt. Olivet	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 4 - 1949	Thurlington Williams, M.D.	Frances A. Hemsley - 578 N. Biddle

VS 150

93D

CERTIFICATE CORRECTED 5-11-49

G730537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

177

G730537 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES FRANKLIN

2. DATE OF DEATH April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital
Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore 160 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE DC
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
D. STREET ADDRESS (If rural, give location) 330 M St. SW

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/22/94

9. AGE (In years last birthday) 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10B. KIND OF BUSINESS OR INDUSTRY NIH-Bethesda, Md.

11. BIRTHPLACE (State or foreign country) NC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Franklin ?

14. MOTHER'S MAIDEN NAME ~~Alice Franklin~~ Elizabeth Ratts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT Records, US Marine Hospital, Balto, Md. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of prostate with metastases to lymph nodes and skeletal system

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1948, *to* Apr. 3, 1949 *that I last saw the deceased alive on* Apr. 3, 1949, *and that death occurred at* 11:30 m., *from the causes and on the date stated above.*

23A. SIGNATURE Hal B. Stewart M.D.

23B. ADDRESS US Marine Hospital, Balto, Md.

23C. DATE SIGNED 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 4/7/49

24C. NAME OF CEMETERY OR CREMATORY Harmony

24D. LOCATION (City, town, or county) (State) Wash. D. C.

DATE RECEIVED BY LOCAL REGISTRAR APR 4 - 1949

REGISTRAR'S SIGNATURE Lurington Williams, M.D.

25. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS Balto

VS 150

51R

673088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673088

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTELLA EDNA FRENCH

2. DATE OF DEATH: APRIL 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 828 POWERS ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	WID.	11-23-1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	

13. FATHER'S NAME: ELISHA LOVELL

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		DOROTHY LOVELL	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	PULMONARY EMBOLISM	5 min.
DUE TO	THROMBOPHLEBITIS OF	
(B)	PELVIC VEINS	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)	GENERALIZED PERITONITIS	18 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	DUE TO RUPTURED APPENDIX	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-19-49	RUPTURED APPENDIX	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-19- *,* 1949 *to* 4-3 *,* 1949 *that I last saw the deceased alive on* 4-3 *,* 1949 *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph B Schrock M.D.	Franklin Sq Hospital	4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/6/49	Hampstead	Hampstead Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Huntington Williams, M.D.	Paul C. Schenauer	56 N. 12 Chestnut Ave.

VS 150

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correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73089

BALTIMORE CITY HEALTH DEPARTMENT

G73089

BIRTH NO. B.C. 49-06918 CERTIFICATE OF DEATH 776 Registered No.

1. NAME OF DECEASED (Type or Print): Baby girl Osborn

2. DATE OF DEATH: 4/4/49

3. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp.

c. Length of stay in Baltimore: Yrs. — Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY U.S.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 5 Hilltop Rd., Cantonsville

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 4/3/49

9. AGE (In years last birthday): 1 Day. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): baby

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eugene Osborn

14 MOTHER'S MAIDEN NAME: Alice Gledding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17. INFORMANT (SIGNATURE AND ADDRESS): Eugene Osborne Catonsville 28

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

(B) Prematurity 7 Mo DUE TO

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 4/3, 1949 to 4/4, 1949, that I last saw the deceased alive on 4/4, 1949, and that death occurred at 2:30 p.m., from the cause and on the date stated above.

23A SIGNATURE: L. H. Sherman M.D.

23B ADDRESS: St Agnes Hosp

23C DATE SIGNED: 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B DATE: 4/5/49

24C NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.

24D LOCATION (City, Town or County) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Edward S. MacNabb

ADDRESS: Catonsville 28

VS 150

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Correct age is especially important. Physician: please write the cause of death clearly and accurately.

G73090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143 G73090

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): VERONICA P. ZELLER

2 DATE OF DEATH: APR. 4, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 141 N. POTOMAC ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: MD.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D STREET ADDRESS (If rural, give location): 141 N. POTOMAC ST.

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
FEMALE	WHITE	MARRIED	SEPT. 8, 1890	58	6 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
HOUSE-WORK	AT HOME	AUSTRIA	U.S.A.

13. FATHER'S NAME: JOHN J. KRITZ

14 MOTHER'S MAIDEN NAME: ANNA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			JOSEPH F. ZELLER	141 N. POTOMAC ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Hypertensive cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) DUE TO: Hypertension.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES [ ] NO [X]

21A ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21F HOW DID INJURY OCoccur?

22 *I hereby certify that I attended the deceased from* 3-14-49 *to* 4-4-49, *that I last saw the deceased alive on* 4-4-49, *and that death occurred at* 8:20 A m., *from the causes and on the date stated above.*

23A SIGNATURE: John J. Gould M.D. — 23B ADDRESS: 147 E. Eastern — 23C DATE SIGNED: 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B DATE: 4-7-49 — 24C NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM — 24D LOCATION (City, town, or county) (State): BELAIR RD. BALTO MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 7 1949 — REGISTRAR'S SIGNATURE: Thurlington Williams, Jr. — 25 FUNERAL DIRECTOR: Charles S. Zeiler — ADDRESS: 901 S. Conkling St.

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Correct age is especially important. Physician: please write distinctly and use only

LORENZO

G73091 — BALTIMORE CITY HEALTH DEPARTMENT — G73091

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-02960 — Registered No. 1430

1. NAME OF DECEASED (Type or Print): Lorenzo Ellen Carroll — 2. DATE OF DEATH: 4/3-49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 933 W. Mulberry

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission): A. STATE Md. — B. COUNTY Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.

C. Length of stay in Baltimore: 6 days (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 933 W. Mulberry

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
M	C	W	March 4 79	50 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Va	—

13. FATHER'S NAME: Thomas F. Carroll — 14. MOTHER'S MAIDEN NAME: Evelyn Ellen Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or place of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Evelyn E. Carroll — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 3/29, 19 49, *to* 4/3, 19 49, *that I last saw the deceased alive on* 4/3, 19 49, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Burton Roberts M. D.	2134 Druid Hill	4/3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4th/49	Mt Auburn	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Courtesy for Williams, M.D.	Chas. Horsey	512 Druid Park Dr

VS 150

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G730582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42

G730582

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH H. HARRIS

2. DATE OF DEATH: 4/2/49

3. PLACE OF DEATH
A. Baltimore City, Maryland — Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 129 Pulaski st

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	C	Widowed	2/27/1896	53	1 / 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bootblack	Bootblack	Scottlandneck, N.C.	U.S.A.

13. FATHER'S NAME: Thomas Harris

14. MOTHER'S MAIDEN NAME: Martha Pharoh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	-	-	Martha Carter(Niece)	129 Pulaski St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
DUE TO
(B) Hypertensive C-V Renal Dis.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/10 , 1948 *to* 4/2 , 1949, *that I last saw the deceased alive on* 4/2 , 1949 *and that death occurred at* 10:45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Paston Hoge M.D.	601 N. Carrollton	4/4/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/5/49	Arbutus Mem'l. Pk.	Balto. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 4 - 1949	Beatrice Williams, M.D.	Charles G. Cooper-512 Carrollton Av.

APR VS 150

121a

Write the cause of death carefully and completely. Important. Physician please write clearly. Exact age is especially important.

G73093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73093 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VERONICA LUKSAS

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1409 Hollins St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Daughter's Residence

c. Length of stay in Baltimore: 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 730 W. Fayette St.
B. COUNTY 4
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland
D. STREET ADDRESS (If rural, give location) same as above

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	March 15, 1882	67	-	-	-	-

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	----	LITHUANIA	U.S.A.

13. FATHER'S NAME: ADAM MONDRAVITZSKY

14. MOTHER'S MAIDEN NAME: ONA DOVIDAITIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	none	John J. LUKSUS	730 W, FAYETTE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion.
DUE TO
(B) Complete Right Hemiplegia.
DUE TO
(C) Hypertensive Cardio Vascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 15 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1948 19__, to April 2nd 49, 19__, *that I last saw the deceased alive on* April 2nd 19 49 *and that death occurred at* 9:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.

23B. ADDRESS 642 North Broadway

23C. DATE SIGNED 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/6/49	MOST HOLY REDEEMER	BELAIR RD, BALT. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949

REGISTRAR'S SIGNATURE: Dorothy M. Williams, M.D.

25. FUNERAL DIRECTOR: Charles W. Kachauskas ADDRESS: 703 McHenry

VS 150

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G73094

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151

G73094

Registered No.

1. NAME OF DECEASED (Type or Print): PAUL SCHOENBECIC

2. DATE OF DEATH: 4 APRIL 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST BALTIMORE GENERAL HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3409 COPLEY RD.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	WHITE	MARRIED	Nov. 3, 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Schoenbeck

14. MOTHER'S MAIDEN NAME: Sophie Stern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: --

17. INFORMANT: Dr. Paul M. Doctor ADDRESS: 3409 Copley Rd.

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) MESENTERIC THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CARCINOMA OF STOMACH — UNKNOWN

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: ARTERIOSCLEROSIS

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
28 MARCH 1949	CARCINOMA OF STOMACH WITH METASTASES	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 28 MARCH, 1949, *to* 4 APRIL, 1949, *that I last saw the deceased alive on* 4 April, 1949, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul M. Doctor M. D.	WEST BALTO. GEN. HOSP.	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/8/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Huntington Williams, MD	WM. J. TICKNER & SONS	Balto., Md.

VS 150

46B

G73095
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73095

1. NAME OF DECEASED (Type or Print): Charles Clark

2. DATE OF DEATH: 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

c. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westminster
D. STREET ADDRESS (If rural, give location): Route #6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widower	June 25, 1875	73 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	—	Pennsylvania	U.S.

13. FATHER'S NAME: Mr. A. P. Clark

14. MOTHER'S MAIDEN NAME: Lane Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: C. Hone — ADDRESS: Church Home and Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Atelectasis & Edema
DUE TO
(B) Post-operative Prostatectomy
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1949, *to* 4-3, 1949 *that I last saw the deceased alive on* 4-3, 1949, *and that death occurred at* 12:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lane Thompson M. D.
23B. ADDRESS: Church Home and Hospital
23C. DATE SIGNED: 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6, 49	Trinity Lutheran	Smallwood Carroll, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, Jr. M.D.
25. FUNERAL DIRECTOR: Wm. Berryman & Sons — ADDRESS: Westminster, Md.

VS 150

1272

G73096
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73096
Registered No.

1. NAME OF DECEASED (Type or Print): Emily Jane Trott

2. DATE OF DEATH: Apr. 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 Eutaw Place
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1708 Eutaw Place

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed		About 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Not Obtainable	

13. FATHER'S NAME: Isaac McCurry

14. MOTHER'S MAIDEN NAME: Mary S. Calhoun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT — ADDRESS: Mrs. Bessie V. Cockey, Rochambeau Av

MEDICAL CERTIFICATION

(Physician: please write distinctly and legibly. Cause of death is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Possible primary neoplasm of Colon — ?

DUE TO

(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 31, 1949, *to* April 2, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1901 Eutaw Place, City	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/[illegible]/49	Loudon Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 4 - 1949	[signature]	H. H. Wearmouth. 805 N. Calvert St

VS 150

46E

G73097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73097

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Isabelle Louette Fischer

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 N. Calverton Rd.
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20
D. STREET ADDRESS (If rural, give location): 22 N. Calverton Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Aug. 2, 1886	62	8 / 1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A

13. FATHER'S NAME: George W. Spedden

14. MOTHER'S MAIDEN NAME: Louise France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	None	None

17. INFORMANT: John George Fischer ADDRESS: 22 N. Calverton Rd.

MEDICAL CERTIFICATION

(Please write the cause of death clearly. Physician: please write exact age is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Hypertension
DUE TO
(C) Arterial Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1947 to 1949

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/— , 1947 *to* 4/3 , 1949 *that I last saw the deceased alive on* 4/1 , 1949 *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. R. Reehm M.D.
23B. ADDRESS: 2105 W. Balto St
23C. DATE SIGNED: 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6, 1949	Western	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	Wilmington Wilmington	George L. Schwab	2101 Frederick Ave.

94a

BIRTH NO. G73[illegible]98

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 97.0 G73098 Registered No.

1. NAME OF DECEASED (Type or Print): Charles C. Haas N-96.0

2. DATE OF DEATH: March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 70 S. Franklintown Rd; 20 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Single	Oct. 30-1875	73	/	/

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Haas
14. MOTHER'S MAIDEN NAME: Louise Schwaetzell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Louise J. Gensler ADDRESS: 705 Franklin-town Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO

(B) Carbon monoxide

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 70 S. Franklintown Rd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): March 31 1949 approx 2 P.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Illuminating gas- Jet on wall onbut not lit

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: March 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 4-49	Leander Park	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 4 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: W. F. B. Wilhelm Son ADDRESS: 1311 Eutaw Pl

VS-CD

163H

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73099

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) — Radie E. Hurley

2. DATE OF DEATH — April-2-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) — 2623 Wilkens Ave.

C. Length of stay in Baltimore — Life / Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) — Baltimore
D. STREET ADDRESS (If rural, give location) — 2623 Wilkens Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	May 7-1884	64-	/	/

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Baltimore Md.	U.S.A.

13. FATHER'S NAME — George M. Frey

14. MOTHER'S MAIDEN NAME — Mary Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
No		Ellen A. Wolf. 2623 Wilkens

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) — Hypertension C.V.D.

DUE TO (B) — Coronary Thrombosis

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH — 2 years

19A. DATE OF OPERATION — No

19B. MAJOR FINDINGS OF OPERATION — No

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1949 *to* April 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE — M. D.

23B. ADDRESS — 701 Cumberland St

23C. DATE SIGNED — 4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	APR-5-49	Loudon Park Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR — APR 4-1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR — ADDRESS — C. B. Gilbert & Son — 1300 Eutaw Place 17

931

Please write the cause of death clearly and legibly. Physician: please correct age is especially important.

G73100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73100 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hattie L. Woolf

2. DATE OF DEATH Apr 2/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3212 Elgin Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 3212 Elgin Ave B. COUNTY Balto Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3212 Elgin Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years-last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	Nov 29/1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore Md.	

13. FATHER'S NAME James Franklin Mills

14. MOTHER'S MAIDEN NAME Kate Rous

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Katherine Woolf	3212 Elgin Ave

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician's signature is important. Please write the correct age in years.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 16 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anemia due to vaginal bleeding — 3 wks.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/4, 1946, *to* 4/2, 1949, *that I last saw the deceased alive on* 4/2, 1949, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Robert G. Reiter M. D.	3402 Windsor Ave	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 5/1949	Lorraine	Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 4 1949	[illegible]	Mamie Cook Syfer	1600 N. Gilmor Ave

920

G73101

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

174 Registered No. G73101

1. NAME OF DECEASED (Type or Print): MARY E. BLESSING

2. DATE OF DEATH: APR. 2. 49

3. PLACE OF DEATH: A. Baltimore City, Maryland 6065 Harford Rd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
6065 HARFORD Rd.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. Md.
D. STREET ADDRESS (If rural, give location)

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MARCH 21. 1887
9. AGE (In years last birthday): 62
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hartman
14. MOTHER'S MAIDEN NAME: Margaret Weis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. John Blessing ADDRESS: 6065 Harf Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
DUE TO
(B) CORONARY SCLEROSIS — moder.
DUE TO
DIABETES MELLITUS — 15 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C) CARCINOMA OF UTERUS — 4 years.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
STRICTURE OF SIGMOID COLON (COLOSTOMY) — 2 yrs. 8 mos

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1946 *to* April 2, 1949 *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: John H. Strickfaden M.D.
23B. ADDRESS: 6919 Harford Rd
23C. DATE SIGNED: 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 5. 49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Paul A. Heeman ADDRESS: 6067 Harford Rd

VS 150

48B

correct age is especially important. Physician, please write the cause of death clearly and legibly.

673:02

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

yr 1 673:02

Registered No.

1. NAME OF DECEASED (Type or Print) JUNIOUS (JAMES) OAKLEY

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland B COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dunkirk
D STREET ADDRESS (If rural, give location) Lindwood Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	Widowed	1882	67 mw		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Essex Co., Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wallace Oakley	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Milton Oakley-172 Divisi n St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE (WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ~~or~~ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-6-49	Mt. Auburn	Baltimore 3

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5	Washington Williams	Wm. A. Jackson 916 Fem. Ave.

VS 151

93D

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

673:03

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

950 Registered No. 673:03

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Ida Kavanaugh
2. DATE OF DEATH: 4/4/49
3. PLACE OF DEATH: Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   a. STATE: Md
   b. COUNTY:
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
   d. STREET ADDRESS (If rural, give location): 2731 Harlem Ave.
8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
   c. Length of stay in Baltimore: ? Yrs. Mos. Days
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9/17/1921
9. AGE (In years last birthday): 27 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Sidney Lewis
14. MOTHER'S MAIDEN NAME: Mamie Ed Irons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: George Kavanaugh ADDRESS: 2731 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (a)	Congestive heart failure	
DUE TO (b)	Overwhelming toxemia of undetermined cause	approx. 12 days
DUE TO (c)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [V] NO [ ]
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30 1949 *to* 4/4 1949, *that I last saw the deceased alive on* 4/4 1949, *and that death occurred at* 7.35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Levickas M.D.
23b. ADDRESS: St. Agnes Hospital
23c. DATE SIGNED: 4-7-/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/7/49
24c. NAME OF CEMETERY OR CREMATORY: London Park
24d. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 217 St. Paul St.

VS 150

92E

Please write the cause of death clearly and correct age is especially important. Physician:

G73107 G73104

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 416 Registered No.

1. NAME OF DECEASED (Type or Print): HERMAN ZIEGENFELDER

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1524 Abbottston St. 9-07

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1524 Abbottston St.

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	Dec. 7, 1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician, retired	Bethleham Steel	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Ziegenfelder	Laura Kane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No		Pauline Ziegenfelder, 1524 Abbottston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs -

DUE TO

(B) Rheumatic Heart Disease — 20 yrs -

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 1949 *to* April 4, 1949, *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herman L. Wardley Jr. M. D.	2900 Alameda Blvd	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/6/49	Moreland Park	Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5 1949	[illegible] for Williams	William Cook, Inc., 1217 St. Paul St.

VS 150

95K

correct age is especially important. Physician: please write the cause of death clearly and fully.

673:05

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

37 2/0

673:05 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL BAXTER

2. DATE OF DEATH April 3, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2528 Ashland Avenue

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Mar 6th 1877	72	0	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Coat Packing Co	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel T. Baxter	Annie Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		213-05-2768	Naomi Wilson	2528 Ashland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Alcoholism
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER [X] / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Paul H. Fogen M.D.		4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/6/49	Western	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	[illegible]	[illegible] & Son Inc.	217 St. Paul St.

VS 151

77c

Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

73106

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

B-73106

Registered No.

1. NAME OF DECEASED (Type or Print): MAYBELLE BULLOCK

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2014 Crestview Rd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Yrs. - Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2014 Crestview Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Married	June 18, 1883	65	9 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home	North Carolina	-

13. FATHER'S NAME: Henry J. Smith , N. C.

14. MOTHER'S MAIDEN NAME: Mollie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
-	-	Juanita B. Weichert, 2014 Crestview Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Head of Pancreas, ~~XXX~~ with extensive Metastases to Liver.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
-	-	-

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
- m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	-

22. *I hereby certify that I attended the deceased from* 16 Dec, 1948 *to* 4 Apr, 1949 *that I last saw the deceased alive on* 3 Apr, 1949, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	2020 N. Charles St. ~~Eutaw Place~~	Apr. 4, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Apr. 5, 49	Bethel	Bethel, N. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5 - 1949	[signature]	William Cook, Inc., 1217 St. Paul Street

VS 150

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73:07

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73:07 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harrison Robins Jr.

2. DATE OF DEATH 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Talbot
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Michaels Md.
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	April 14, 1887	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant
10B. KIND OF BUSINESS OR INDUSTRY Butter & Egg
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harrison Robins
14. MOTHER'S MAIDEN NAME Nancy Hall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mitral Aortic Stenosis Regurgitation

DUE TO

(B) Rheumatic fever Heart disease 40 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 0
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____ 19__ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE John D. Lord M. D.
23B ADDRESS Union Memorial Hospital
23C DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-6-49
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D LOCATION (City, town, or county) Pikesville, (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR John O. Mitchell & Sons
ADDRESS 1900 Eutaw Place

VS 150

92R

Write the cause of death clearly and legibly. Physician: please write correct age if especially important.

G73:08

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1200

G73:08 Registered No.

1. NAME OF DECEASED (Type or Print): Sarah Mahool Grimes

2. DATE OF DEATH: April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 700 Park Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 700 Park Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 27, 1865
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Mahool
14. MOTHER'S MAIDEN NAME: Fanny Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Katherine V. Fowke--4703 East Lane — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocardial Failure — Interval between onset and death: 4 hours
DUE TO
(B) Arteriosclerotic Heart Disease
DUE TO
(C) Senility
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (C), STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Acute Regurgitation infection. March 28th to 31st 1949 Recovered -

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): no
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): no
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): no — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?: no

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Colbus Streett, M. D.
23B. ADDRESS: 712 Park Avenue
23C. DATE SIGNED: 4 - 4 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4 - 5 - 49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: Acting for Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
Madison B. Mitchell

VS 150

9-21

:09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44

Registered No. 6273:09

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 N Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N Collington Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Meek

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm Meek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 1860

8. AGE: Years 89 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name John Magle
13. Birthplace Baltimore

MOTHER — 14. Maiden Name Mathews
15. Birthplace "

16 (a) Informant Barbara Meek
(b) Address 919 N Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 1949 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M Stinchcomb Son
(b) Address 811 N Eutaw St

19 (a) APR 5 - 1949 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 3rd 1949 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1949 to 4/3 1949 and that I last saw her alive on 4/3 1949.

Immediate cause of death	Duration
Acute Uraemia	1 week
Due to Hypertensive Cardio Vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St Date signed 4/4/49

V S 150

1312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G73110

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 51

G73110 Registered No.

1. NAME OF DECEASED (Type or Print): Louis Sigelman

2. DATE OF DEATH: 4/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2124 Park Ave 13 11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH:
9. AGE (In years last birthday) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.: 67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Marcus
14. MOTHER'S MAIDEN NAME: Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Celia Sigelman ADDRESS: 2124 Park Ave

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Myocardial Infarction

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10 *, 19*49 *to* 4/4 *, 19*49 *that I last saw the deceased alive on* 4/4 *, 19*49 *, and that death occurred at* 3⁰⁰ *p. m., from the causes and on the date stated above.*

23A. SIGNATURE: Margolis Oxman, M.D. M.D
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-5-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Young Men
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

462

G73111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170

G73111

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EVA W. COHEN

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2703 Allendale Road

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY HARFORD
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAVRE de GRACE
D. STREET ADDRESS (If rural, give location) 296 WILSON ST

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 28, 1902
9. AGE (In years last birthday) 46 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Weisblatt
14. MOTHER'S MAIDEN NAME BELLA BURAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joel N. Cohen ADDRESS Havre De Grace

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician: please write important. Physician: please write the cause of death clearly and legibly. Physician: please write important. Physician: please write the cause of death clearly and legibly. Physician: please write important. Physician:

G73112 v 420.1 G73112

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): SAMUEL PROUSER

2 DATE OF DEATH: 4-5-49

3. PLACE OF DEATH:
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1910 East Fairmount Ave

c. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6 c
D STREET ADDRESS (If rural, give location): 1910 East Fairmount Ave

5. SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8 DATE OF BIRTH:
9 AGE (In years last birthday): 69 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kith
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel
14 MOTHER'S MAIDEN NAME: Tillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16 SOCIAL SECURITY NO:
17 INFORMANT: Paul Prouser 1910 E. Fairmount ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 wks
DUE TO
(B) GENERALIZED ARTERIOSCLEROSIS — 5 yrs.
DUE TO
(C) CEREBRAL HEMORRHAGE — 1944

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 26 1949, *to* APRIL 5 1949, *that I last saw the deceased alive on* APRIL 4 1949, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

22A. SIGNATURE: Benjamin Krylodem M. D
23B ADDRESS: 121 S. HIGHLAND AVE.
23C DATE SIGNED: APRIL 5 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 4-5-49
24C NAME OF CEMETERY OR CREMATORY: Lesser Israel
24D LOCATION (City, town, or county) (State): Harrisburgh Pa
25 FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: Thaniel for Williams, M.D.

VS 150

94a

correct age is especially important. Physician: please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 816.4 G73113 Registered No. G73113

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD Ignatius FARACE — 2. DATE OF DEATH April 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2213 Chesterfield Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	single	May 17-1927	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James J Farace
14. MOTHER'S MAIDEN NAME: Sarah E. Lyon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James J Farace — ADDRESS: 2213 Chesterfield

MEDICAL CERTIFICATION

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)

(A) Fracture of skull.
(B) Intracranial hemorrhage.
(C) Contusion and laceration of brain.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Falls Road and Lake Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 3 49 11p m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto & auto collision (passenger)

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1949
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J Luck — ADDRESS: 5305 Harford

VS 151

170c

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

3 G73114 Registered No.

1. NAME OF DECEASED (Type or Print) Sonnie Ziskin

2 DATE OF DEATH 4-5-49

3. PLACE OF DEATH: A Baltimore City, Maryland — Sinai Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 36 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2028 E. Baltimore St.

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	1898	51		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Russia
12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Okun
14 MOTHER'S MAIDEN NAME Rose
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT Max Ziskin ADDRESS 2028 E. Balto. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) METASTATIC CA OF LIVER
DUE TO
(B) CARCINOMA OF SIGMOID COLON
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* April 1, 1949 *to* April 5, 1949 *that I last saw the deceased alive on* April 5, 1949 *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A SIGNATURE Abrahams, M. D. M. D.
23B ADDRESS Sinai Hospital
23C DATE SIGNED 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 5 1949
24C NAME OF CEMETERY OR CREMATORY Hebrew Rosedale
24D LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE Thaddeus for Marianne [illegible]
25. FUNERAL DIRECTOR Sol Levinson & Bros ADDRESS 1126 W. North Ave

VS 150

46E

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

CERTIFICATE CORRECTED 4-4-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73115

BIRTH NO. 73115

1. NAME OF DECEASED (Type or Print) LILLIAN PIERSOL

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2214 East Pratt Street

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: May 9 1870

9. AGE (In years last birthday): 78 (79)
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gardner

14. MOTHER'S MAIDEN NAME: Sarah Randall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO: none

17. INFORMANT: Mrs. Elsie Smith- ADDRESS 2210 Roslyn Ave. 16

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteio-sclerotic C.V. Disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE-WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE - [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Entombment

24B. DATE 4/5/49

24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

VS 151

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

BIRTH NO. 673116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 673116 Registered No. 351

1. NAME OF DECEASED (Type or Print): Juanita Marie Polk

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 25 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: West Virginia
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stotesbury
D. STREET ADDRESS (If rural, give location): Box 187

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	white	single	April 30, 1943	5	11 / 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	West Virginia	U.S.A.

13. FATHER'S NAME: Clyde Polk

14. MOTHER'S MAIDEN NAME: Virginia Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): not (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Union Memorial Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A)
DUE TO
ANTECEDENT CAUSES
(B) Cerebral Spastic Infantile Paralysis
II. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8-49 19__ *to* 4-4-49, 19__, *that I last saw the deceased alive on* 4-3-49, 19__ *and that death occurred at* 1:50 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. Donald Emery M.D.	730 St. Paul St.	4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/5/49	Stotesbury Cem.	Stotesbury W. Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	Hunter for Williams, M.D.	Wm. Cook Inc.	1217 St Paul St

VS 150

87E

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73137

BIRTH NO. 127948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

578 Registered No.

1. NAME OF DECEASED (Type or Print): William Henry Creditt

2. DATE OF DEATH: 4- 1- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 37 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1134 N. Gilmore ST.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: April 3- 1898
9. AGE (In years last birthday): 50 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Creditt
14. MOTHER'S MAIDEN NAME: Rachel Creditt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records Balto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pentothal Anesthesia	(Immediate
DUE TO (B)	Generalized Peritonitis	1 Week ?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Perforation Of Sigmoid	1 Week ?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

CERTIFICATION APPROVED BY
E. B. Merrill M.D.
For: C. J. Lubinski, M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore City Hospital
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 1, 1949 7:30 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pentothal anesthesia

22. *I hereby certify that I attended the deceased from* 4- 1- 49 *to* 4- 1- 49 19 , *that I last saw the deceased alive on* 4- 1 -19 49 *and that death occurred at* 7.00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4- 2- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: George E. Colton ADDRESS: 1305 Pennsylvania Ave

VS 150

To Be Approved By Chief Medical Examiner

123

Physician: please write the cause of death clearly and legibly. Exact age is especially important.

G73:18

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 443

G73:18

1. NAME OF DECEASED (Type or Print) James Rogers

2. DATE OF DEATH 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.
D. STREET ADDRESS (If rural, give location) 2512 Raynor Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Col	M	July 16, 1913	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10B. KIND OF BUSINESS OR INDUSTRY Mill Race Tavern

11. BIRTHPLACE (State or foreign country) md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Columbus Rogers

14. MOTHER'S MAIDEN NAME Mary Clee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unk

16. SOCIAL SECURITY NO

17. INFORMANT Mary Rogers ADDRESS 2512 Raynor ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.—It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Hypertensive C.V. disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-3-49, 5 AM 19__, *to* 4-3-49, 8:45 AM 19__, *that I last saw the deceased alive on* 4-3 19 49 *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph B. Schools M. D.	Franklin Sq Hospital	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/7/49	arbutus	md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	Huntington Williams M.D.	George G. Kelson	1303 Fountain St

VS 150

931

*Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G73319

BIRTH NO. J1 - 127984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73319

1. NAME OF DECEASED (Type or Print) Ada Randolph

2. DATE OF DEATH April 2, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1118 Laurens St. -17

5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12, 1892
9. AGE (In years last birthday) 56 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT B. C. H. Records, ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Diabetic Coma — 2 days
DUE TO
(B) Diabetes Mellitus — 2 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia — 1 wk.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1949 *to* April 2, 1948, *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 11.48PM, *from the causes and on the date stated above.*

23A. SIGNATURE R. L. Rogers M. D.
23B. ADDRESS 4940 Eastern Ave
23C. DATE SIGNED 4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/7/49
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary
24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE Permit for Publication
25. FUNERAL DIRECTOR George L. Kelson ADDRESS 1303 Pennsylvania Ave

VS 150

61

Please write the cause of death clearly and legibly. Physician: please write the correct age if especially important.

G73120

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

080.0

G73120

Registered No.

1. NAME OF DECEASED (Type or Print) Carolyn J. Smith

2. DATE OF DEATH 4/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sydenham - Hosp.tal

c. Length of stay in Baltimore 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write "R.F.D." and give township) Balt. more
D. STREET ADDRESS (If rural, give location) 2120 N. Calvert 12 - 0 4

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH MAY 25 - 1942
9. AGE (In years last birthday) 6 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr Ralph Smith
14. MOTHER'S MAIDEN NAME Kathleen McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S ADDRESS Mother - 2120 N. Calvert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bulbar Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH 10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 4/3/49
19B. MAJOR FINDINGS OF OPERATION Tracheotomy
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29 *, 19*49 *to* 4/3 *, 19*49 *that I last saw the deceased alive on* 4/3 *, 19*49 *, and that death occurred at* 7:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE Sidney M. Green M. D.
23B. ADDRESS Sydenham - Hosp. Tal
23C. DATE SIGNED 4/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 4/6/49
24C. NAME OF CEMETERY OR CREMATORY Davis Cem.
24D. LOCATION (City, town, or county) (State) Davis, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE Permission for Williams, J.
25. FUNERAL DIRECTOR Wm. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

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673:21

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/3

Registered No. 673:21

1. NAME OF DECEASED (Type or Print): BARBARA C BIESECKER

2. DATE OF DEATH: Apr. 3 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6009 Bellona ave Edgewood Nursing Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2906 St Paul St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb 12 1861
9. AGE (In years last birthday): 88 — If Under 1 Year: Months 1, Days 22 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Alexander Clark
14. MOTHER'S MAIDEN NAME: Catherine Annie Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: —
17. INFORMANT: John H. Biesecker — ADDRESS: 101½ Witherspoon Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Vascular accident	7 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	Hypertension arteriosclerotic Cardiovascular disease	10 years
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* 3 April, 1949, *that I last saw the deceased alive on* 2 April, 1949, *and that death occurred at* 7.30 P, *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M. D.
23B. ADDRESS: 501 Garrison Blvd
23C. DATE SIGNED: 5 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 6 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Henry N. Jenkins Sons & Hyde — ADDRESS: 4905 York Rd.

VS 150

93D

Please write the cause of death clearly and correct age is especially important. Physician: please write

6731122

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6731122
Registered No.

1. NAME OF DECEASED (Type or Print) Sarah Smith

2. DATE OF DEATH April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 737 Eisen St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: reside before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 737 Eisen Street

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Widowed	12/22/1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Williams Bevans	Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Cora Graham	737 Eisen St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Acute Lobar Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO: Chronic Myocardial + nephritis.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 43 days.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1947 *to* 4/3, 1949 *that I last saw the deceased alive on* 4/2, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dan Brandeau M.D.	1226 Lee ave	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6, 49	Mt Auburn Ct.	Baltimore, City.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	Huntington Williams, M.D.	L. L. Brown & Son	108 W Montgomery St

VS 150

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G73123

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G73123 Registered No.

1. NAME OF DECEASED (Type or Print): AMELIA ELIZABETH FRANKLIN

2. DATE OF DEATH: APRIL 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2815 W.Lafayette Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 2 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a STATE
b COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
d STREET ADDRESS (If rural, give location): 2815 W. Lafayette Ave.,

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed	Jan.16,1866	83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Basil Grimes

14. MOTHER'S MAIDEN NAME: Elizabeth J. Fleming

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	None	Mr. Hanson Franklin, New Windsor, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac failure — one week
DUE TO
(B) Hypertensive, arteriosclerotic cardiovascular disease. — May 27, April 3, 1949
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: none

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
none?		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 27, 1949 *to* April 3, 1949 *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frances L. Grumbine M. D.	W. Balto. Gen. Hospital	Apr. 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	Apr. 6, 1949	Taylorsville	Taylorsville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 5 - 1949	Stanley for Williams, M.D.	C. M. Waltz, Winfield, Md.

VS 150

correct age is especially important. Physician: please write the cau... of death clearly and legibly.

93D

BIRTH NO. 127919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6733[illegible]

1. NAME OF DECEASED (Type or Print): James Isaac Watson

2. DATE OF DEATH: April 2-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 2 Days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1103 Harlem Ave.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15- 1901
9. AGE (In years last birthday): 47
If under 1 year: Months 4 Days 17
If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jamica
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Watson
14. MOTHER'S MAIDEN NAME: Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Records Balto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician: please state age if especially important.)

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Far Advanced Pulmonary Tuberculosis	2 Yrs. Plus
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(B) Diabetes Melltius	3 Yrs. Plus
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 31- 1949 *to* April 2- 1949, *that I last saw the deceased alive on* 4- 2- 1949, *and that death occurred at* 3.20 Am *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4- 2- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6- 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Mrs. George A. Holland
ADDRESS: David Hill Co.

VS 450

126

G73125

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73125

1. NAME OF DECEASED (Type or Print): Charles H. Young

2. DATE OF DEATH: Apr 4 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 4034 Park Hgts Ave
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 4034 Park Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	Sept 3 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: M. Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Florence M. Young ADDRESS: 4034 Park Hgts Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Terminal pneumonia	1 week
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Carcinomatosis, pancreas, gall bladder	3 years
	DUE TO	
	(C) Pancreatitis, recurrent	3½ years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Prostatic hypertrophy, severe	3½ years

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 17, 1946, *to* April 4, 1949, *that I last saw the deceased alive on* April 4, 1949 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Randolph K. Shriftgiesser M.D.
23B. ADDRESS: 5210 Dunmore Ave, Balto 14
23C. DATE SIGNED: April 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 7 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mannebrooke Syfer ADDRESS: 1600 W. North Ave

VS 150

46g

Correct age is especially important. Physician please write the cause of death clearly and legibly.

673126
ES-127981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673126
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Magdalene McCall

2. DATE OF DEATH 4-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Balto. City Hospitals

c. Length of stay in Baltimore 15 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 617 W. Mulberry St.

5. Female Negro
6. COLOR OR RACE Negro
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single
8. DATE OF BIRTH July 4, 1904
9. AGE (In years last birthday) 44
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ephton Singleton
14. MOTHER'S MAIDEN NAME Victoria Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc: It means the disease, injury or complication which caused death.)	(A) DUE TO	Carcinoma of the Cervix with Metastasis to the Brain, liver, spleen & Lungs.	?
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		Pulmonary Edema	1 Day

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2- 19 49 P. *to* 4-3- 19 49, *that I last saw the deceased alive on* 4-3- 19 49, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE J. S. Logan M. D.
23B. ADDRESS 4940 Eastern Avenue
23C. DATE SIGNED 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-7-49
24C. NAME OF CEMETERY OR CREMATORY Sinai Suburban Cem
24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Frances A Hensley ADDRESS

VS 150

48a

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73127

E 983.6 G73127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No. A-5544.6

1. NAME OF DECEASED (Type or Print) [illegible] (McC[illegible]D) McCARTY — 2. DATE OF DEATH March 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) [illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Married	8/29/1911	37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter	Railroad	Cameridge Md.	U.S.A.

13. FATHER'S NAME: Riley Mccarty
14. MOTHER'S MAIDEN NAME: Cora Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
		Cora Stewart 1206 Tald[illegible] Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I (A) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ?	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Tavern	[illegible] Forrest [illegible]

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☐	21F. HOW DID INJURY Ooccur?
March 31, 1949 12:30 P.m.			Fell by fist

22. *I certify that I took charge of the remains described above, held an* [illegible] *Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		[illegible]

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/5/1949	Mt. Calvery Cem.	Brooklyn A.A.Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 5 - 1949	[illegible]	Elroy O. Wilson 1000 Brantly Ave.

VS 151

168

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

673128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673128 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILDRED R. SEYFFERTH

2. DATE OF DEATH 4/2/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL

c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MARYLAND
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE Dundalk
D. STREET ADDRESS (If rural, give location) 6906 BRENTWOOD AVE.

5. SEX F
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 12, 1918
9. AGE (In years last birthday) 30 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES STOPKA
14. MOTHER'S MAIDEN NAME FRANCES BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO
17. INFORMANT WILLIAM SEYFFERTH ADDRESS 6906 BRENTWOOD AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	INANITION	25 days
DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	CHRONIC PANCREATITIS	1-2 YRS.
DUE TO		
(C)	DUODENAL ULCER	1-2 YRS.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION 3/3/49
19B. MAJOR FINDINGS OF OPERATION CHRONIC PANCREATITIS, DUODENAL ULCER
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/2 *,* 19 49 *to* 4/2 *,* 19 49 *that I last saw the deceased alive on* 4/2 *,* 19 49 *, and that death occurred at* 3 15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Paul B. Herold M.D.
23B. ADDRESS Maryland General Hosp
23C. DATE SIGNED 4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/6/49
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem
24D. LOCATION (City, town, or county) (State) Dundalk Ave

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR hen J. Fialkowski, Inc.
ADDRESS 1000 S. KENWOOD AVE

VS 150

1176

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73129

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARICE MADISON MATTHEWS

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 1032 Sterling Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
female	colored	separated	Dec. 3, 1898	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
waitress		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: William Madison

14. MOTHER'S MAIDEN NAME: Mary Nickens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			William Madison	2116 Druid Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23a. SIGNATURE George L. Merrill M.D.

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED 4/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-7-1949	Mt. Auburn Am.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 - 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Mrs Kate R. Williams ADDRESS 322 N. Schroeder St

VS 151

126

correct age is especially important. Physician: please write the cause of death clearly and legibly.

673130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673130 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) FRANCES M. MAISCH

2 DATE OF DEATH April 4, 1949

3. PLACE OF DEATH
A Baltimore City, Maryland
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CRAWFORD RESCUE 2117 DRUID HILL ST.
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2503 St. Paul St.

5 SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years) Last birthday	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
female	white	single	Apr. 5, 1863	86 yrs.		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Baltimore, Md.
12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John F. Maisch
14 MOTHER'S MAIDEN NAME Anna L. ?
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT Mrs. Anna Johnson ADDRESS 1722 Jackson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days
DUE TO
B) Chronic Myocarditis — 4-5 years.
DUE TO
C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A ACCIDENT SUICIDE HOMICIDE (Specify)	21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch. 26, 1949 to Apl. 4, 1949 that I last saw the deceased alive on Apl. 4, 1949, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
Henry A. Kelly M.D.	2504 St. Paul St	4/5/49.

24A BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/7/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949		M. J. RICKARD & SONS	Balto., Md.

92D

Write the cause of death clearly and legibly. Physician please write correct age if special. Important.

Dyson

G73131

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73131

N-807-1

1. NAME OF DECEASED (Type or Print) James (Jim) W. Dyson

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Severn
D. STREET ADDRESS (If rural, give location) R.F.D.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Widowed	3-30-71	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Farmer (Ret.)

10B. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Severn, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME McHenian Dyson

14. MOTHER'S MAIDEN NAME ALVEYTA ANDERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT — ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: weeks.

DUE TO

(B) fracture of 8th & 9th & 10th left ribs — 2 months.

DUE TO

(C) Cerebral arteriosclerosis — yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — Hattian J. McClafferty M.D. (CORONER OR ASST. MEDICAL EXAMINER)

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Severn R.F.D., Crane Highway

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 27, 1949 P.M.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Slipped and fell to floor at home

22. *I hereby certify that I attended the deceased from* 2-3 1949 *to* 4-4 1949, *that I last saw the deceased alive on* 4-4 1949, *and that death occurred at* 7 40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Anthony J. Sise M.D. — 23B. ADDRESS JOHNS HOPKINS HOSPITAL — 23C. DATE SIGNED 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 4-7-49 — 24C. NAME OF CEMETERY OR CREMATORY Cedar Hill — 24D. LOCATION (City, town, or county) Brooklyn Md (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 5 - 1949 — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR Thomas W. Sinclair — ADDRESS Glen Burnie, Md.

VS 150

186a

G731.32

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G731.32

1. NAME OF DECEASED (Type or Print): Teresa V. Tiburzi

2. DATE OF DEATH: 4/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 231 S. Grundy

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 33 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Grundy
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 231 S. Grundy

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Nov. 9 1869	79	4	25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Mensampole del Trento-Italy	

13. FATHER'S NAME: Giuseppe Masc[illegible]ati

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Frank Volpe	231 S. Grundy St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Myocardial Damage and Nephritis	Unknown
ANTECEDENT CAUSES	DUE TO	Arteriosclerosis	Unknown
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January 25, 1949, *to* April 3, 1949, *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 3:25 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Libero Artigiani M. D.	2942 E. Fayette Street	4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6 1949	Sacred Heart Cemetery	Garmahill Rd. Balt. md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	[illegible]	Frank Della Rose	322 S. High St.

131a

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73133
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163

G73133
Registered No.

1. NAME OF DECEASED (Type or Print): Robert E. Quinn

2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canandaigua
D. STREET ADDRESS (If rural, give location): RD #2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	11-23-79	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Quinn
14. MOTHER'S MAIDEN NAME: Ida E. Engel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Squamous cell carcinoma of bronchus.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/24, 1949 *to* 4/5, 1949, *that I last saw the deceased alive on* 4/5, 1949, *and that death occurred at* 10 15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lothrop W. Whitemish M. D.	JOHNS HOPKINS HOSPITAL	4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Interment	April 5 1949	Syracuse N. Y.	Syracuse, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 - 1949	[illegible] Williams M.D.	Chester E. Brooks	3638 Roland Ave

VS 150

47c

G73134

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41

G73134

Registered No.

1. NAME OF DECEASED (Type or Print) JOHN. ROFFE

2. DATE OF DEATH 4/8/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —
c. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 415. S. Central ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male.	White.	Single	April 20 1893	55.	11	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TARAZZO FINISHER		Baltimore Md.	

13. FATHER'S NAME SABATINO. ROFFE

14. MOTHER'S MAIDEN NAME KATHERINE CAROZZA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		218-01-1783	Peter ROFFE	3017. Fredrick St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asthma — INTERVAL BETWEEN ONSET AND DEATH 17 years

DUE TO

(B) Heart Failure 2 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible], 1932, *to* April 1, 1949 *that I last saw the deceased alive on* April 1, 1949 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Mud Cut & Bldg	April 5 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	April 6 1949	HOLY REDEEMER	BELAIR Road. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 5 1949	[signature] Williamsport	WENDELL J. DIPPEL	312 S Highland ave

VS 150

95c

G731135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 1 4 G731135 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEAH G. Berg

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2101 W. Cold Spring Lane

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15
D. STREET ADDRESS (If rural, give location) 2101 W. Cold Spring Lane

5. SEX	6. COLOR	RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		Widow	Nov. 16, 1881	67		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unknown)	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Dept. of Welfare, Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia & Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

DUE TO

(B) Rheumatic Endocarditis — 2 yrs.

DUE TO

(C) Rheumatic Fever — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10 1949, *to* 3/24/49, 1949, *that I last saw the deceased alive on* 4/1, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Norman R. Kleiman, M. D.	3803 Edmondson Ave	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/8/49	Baltimore	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 6 - 1949	[illegible] Williams, M.D.	William Cook, Inc., 1217 St. Paul St.

VS 150

92 c

G731136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

G731136
Registered No.

1. NAME OF DECEASED (Type or Print) PHILIP G. SCHWAAB

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1248 Cliftview Ave.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1248 Cliftview Ave. 9-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Widower	Sept. 11, 1867	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltimore, Md.	

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Christine Starkey	7300 Old Harford Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemorrhage DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-3-, 1949 *to* 4-4, 1949 *that I last saw the deceased alive on* 4-4, 1949, *and that death occurred at* 6 30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	816 Wolfe St.	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. [illegible]	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/7/49	Baltimore	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

83a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

7731.37

BIRTH NO. Henry

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14 Registered No. 7731.37

1. NAME OF DECEASED (Type or Print) Henry A. Leedy

2. DATE OF DEATH 4/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland (Balto.)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Home 27 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto

D. STREET ADDRESS (If rural, give location) 27 N. Carey St 18-2

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married		about 63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic		Smith Co. Va.	

13. FATHER'S NAME George Leedy

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Jos Leedy	41 W 27th St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer Mouth — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

DUE TO

(B) Myocarditis — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/8/49 19__ *to* 4/3/49 19__, *that I last saw the deceased alive on* 3/30/49, *and that death occurred at* 6 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm F Gorter M.D.	Hon Edmondson	4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/7/49	Meadow Ridge	Dorsey Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Evelyn Williams, Jr.	Wm Cook Inc.	127 St. Paul St.

VS 150

45c

Please fill the cause of death clearly and legibly. Cross out what is not applicable. If important, Physician, please write in full.

BIRTH NO. 6731:48

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6731:48

1. NAME OF DECEASED (Type or Print): Israel Rosenblatt

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3607 Clarinth Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6312 Wallis Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/5/72
9. AGE (In years last birthday): 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Dry Goods
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Rosenblatt
14. MOTHER'S MAIDEN NAME: Etta Foba ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Muriel Sandler
ADDRESS: 6312 Wallis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Infarction
DUE TO
(B) Ch Coronary Sclerosis
DUE TO
(C) Ch Myocardial weakness, General arterio Sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/16 1946 *to* 3/31, 1949 *that I last saw the deceased alive on* 3/31, 1949, *and that death occurred at* 6 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: A.H. Hornstein M.D.
23B. ADDRESS: 20 E. Biddle St
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 6, 1949
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North ave

VS 150

937

Please write the cause of death clearly and legibly. Physician: please write the exact age if important.

731.39

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 x D

731.39

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): HOWARD F. PORTER

2. DATE OF DEATH: 04 APRIL 1949

3. PLACE OF DEATH:
A Baltimore City, Maryland
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL
c Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: MARYLAND
B COUNTY: BALTIMORE
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 25
D STREET ADDRESS (If rural, give location): 933 CHESACO AVE

5 SEX: MALE
6 COLOR OR RACE: WHITE
7 SINGLE MARRIED WIDOWED DIVORCED (Specify): MARRIED
8 DATE OF BIRTH: 28 MARCH 1886
9 AGE (In years last birthday): 63
If Under 1 Year: Months 6 Days
If Under 24 Hours: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11 BIRTHPLACE (State or foreign country): MARYLAND
12 CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM PORTER
14 MOTHER'S MAIDEN NAME: ANNIE BAKER Akerley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World War #1
16 SOCIAL SECURITY NO:
17 INFORMANT: WIFE
ADDRESS: SAME
ALICE PORTER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

I (A) DISSECTING ANEURYSM, AORTIC ARCH, WITH RUPTURE INTO PERICARDIUM (HEMOPERICARDIUM) — INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS

DUE TO (B) ACUTE CORONARY OCCLUSION WITH ANTERIOR MYOCARDIAL INFARCTION

DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE — 4-5 YRS.??

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO (D)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? (Yes, no): X

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11:40 AM 04 APRIL, 1949, *to* 11:45 PM 04 APRIL, 1949 *that I last saw the deceased alive on* 04 APRIL, 1949, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23A SIGNATURE: Donald F. England M.D.
23B ADDRESS: MARYLAND GENERAL HOSP.
23C DATE SIGNED: 04 APRIL 49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/7/49
24C NAME OF CEMETERY OR CREMATORY: Baltimore National
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE:
25 FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd.

VS 150

301

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73140

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73140

Registered No.

1 NAME OF DECEASED (Type or Print) NATHAN WAGNER

2 DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A Baltimore City, Maryland

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

C Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1514 West Baltimore Street 19-3

5 SEX: male
6 COLOR OR RACE: white
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8 DATE OF BIRTH
9 AGE (In years last birthday): 65 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country): Russia
12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Ayman
14 MOTHER'S MAIDEN NAME: Mary

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT: Mrs Carrie Appelstein ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A SIGNATURE George G. Merrill M D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C DATE SIGNED April 5, 1949

24A BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE 4-6-49
24C NAME OF CEMETERY OR CREMATORY: United Hebrew
24D LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25 FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 151

correct age is especially important. Physician: please write the cause of death clearly and legibly.

93D

673141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 177

673141
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jacob Noble

2. DATE OF DEATH: April 4 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-5

D. STREET ADDRESS (If rural, give location): 2314 Aroka Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: 50 Yrs. / Days

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE (In years, last birthday): 73

If under 1 year: Months / Days

If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Sophie Sekeer ADDRESS: 2314 Aroka Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cachexia — 6 mo.

DUE TO

(C) Malnutrition, etc.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1949, *to* April 4, 1949 *that I last saw the deceased alive on* April 4, 1949 *and that death occurred at* 8:50 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: R. C. Hunter McDonald M.D.

23B. ADDRESS: University Hospital

23C. DATE SIGNED: 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-6-49

24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Jack Lewis Inc

ADDRESS: 2100 Eutaw Pl

VS 150

51 B

M.C.R.
3142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73142

BIRTH NO. 7 5 4 6 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Thomas Candice
2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Ill.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago 14
D. STREET ADDRESS (If rural, give location): 1304 E 55th St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 12
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vincent Candice
14. MOTHER'S MAIDEN NAME: Adelyn Tramater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Transposition of great vessels & Pulmonic
DUE TO
(B) atresia. Cardiac arrest
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Dr. John R. Davis per
W. H. Merrill M.D.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: April 5-49
19B. MAJOR FINDINGS OF OPERATION: Transposition of great vessels & pulmonic Atr
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Natural
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): operating room of J.H.H.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 5, 1949 2:15 P.M.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? congenital heart

22. I hereby certify that I attended the deceased from 3-23-49 to 4-5-49, that I last saw the deceased alive on 4-5-49 and that death occurred at 2-15 P.M., from the causes and on the date stated above.

23A. SIGNATURE: W. H. Merrill M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: April 6th
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Chicago Ills

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: Thomas for Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Wehrenberg Funeral Home 200 E. Oak

VS/150
To be approved by Head Examiner
157E

673143

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673143

Registered No.

1. NAME OF DECEASED (Type or Print): Augusta J Klimm

2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 45% Inglesee

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 75 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 45% Inglesee B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-5

D. STREET ADDRESS (If rural, give location) 45% Inglesee

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	white	Widow	Oct 8 1860	88	5	27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME home
Julius Darmsttter

14. MOTHER'S MAIDEN NAME
Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Auguste Vossler ADDRESS 32 Yorkway

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myo Cardeles — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO

(B) A-S-C-V- Disease

DUE TO

(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. I hereby certify that I attended the deceased from April 10 1949 to April 4 1949, that I last saw the deceased alive on April 4 1949, and that death occurred at 12 1/4 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Deuro M.D.	3 Bishop Court	April 5 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 7 1949	First United Ev	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Timothy Lee Williams M.D.	Ullrich Funeral Home	2008 Orleands

VS 150

939

G73147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73147

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mamie Holthaus

2. DATE OF DEATH 4/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1729 N Washington

c. Length of stay in Baltimore: 40 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
1729 N Washington St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md 5-6
D. STREET ADDRESS (If rural, give location)
1729 N Washington St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	Sept 13th	62 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Weems Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel C Thomas

14. MOTHER'S MAIDEN NAME Annie Bittner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO

17. INFORMANT John A Holthaus ADDRESS 1729 N Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Marked hypertension — 10 yrs

DUE TO

(C) Coronary insufficiency. — 3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/11 *1946 to* 4/5 *, 1949 that I last saw the deceased alive on* 4/4 *, 1949, and that death occurred at* 7 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Conrad Rubston M. D.	1706 N Washington St	4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	April 7th	Weems Presbyterian Cem	Weems Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Thomas for Williams, M.D.	Ullrich Funeral Home	2008 Orleans St

VS 150

94a

CERTIFICATE CORRECTED 4-12-49

673145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673145 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Conrad Dittmar

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 631 Enson Pl

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore emw
D STREET ADDRESS (If rural, give location) 2219 Lake Ave. 9-1

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	married	Sept 15th 1873	75.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY Upholsterer

11. BIRTHPLACE (State or foreign country) Bavaria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Dittmar

14. MOTHER'S MAIDEN NAME Johannah Dittmar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Johnn Dittmar ADDRESS 1700 E 32nd St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic Cardiovascular disease	
ANTECEDENT CAUSES	DUE TO (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Ins. & Inq. (Autopsy, inspection or inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McClafferty M.D.		April 6 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 7th.	London Park Cem	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Hunter Lee Williams, Jr. M.D.	Ulrich Funeral Home	

VS 151

93D

Please write the cause of death clearly and legibly. Physician: please specify important. Exact age is especially important.

G73146 ✓ X 40.0 G73146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

BIRTH NO. B. C. H. 16957

1. NAME OF DECEASED (Type or Print): Walter Emory Cole III
2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Co. 28
D. STREET ADDRESS (If rural, give location): 1204 4th Rd. - Middle River

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White		1-17-45	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Emory Cole
14. MOTHER'S MAIDEN NAME: Mary Frances Filkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) H-influenza meningitis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2 *1949, to* 4/4 *, 1949, that I last saw the deceased alive on* 4/4 *1949, and that death occurred at* 8:25 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 6 1949	Holy Redeemer	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams
25. FUNERAL DIRECTOR: Leo F. Cook ADDRESS: 1201-03 N. Patterson Park Ave

VS 150

8/a

GM. 127957
73147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 D G73147 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose McNeal

2. DATE OF DEATH: 4- 2- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1012 Druid Hill Ave. 17-

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro	Separated	Aug. 12-1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME: James Jones

14. MOTHER'S MAIDEN NAME: Sarah Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Records Balto. City Hospitals — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Respiratory failure	
	DUE TO Spinal Cord Tumor from the Breast	6mos.
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 4- 1- , 1949 *to* 4- 2- , 1949 *, that I last saw the deceased alive on* 4- 2- 1949 *, and that death occurred at* 6.55 P.M. *, from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	B.C.H. 4940 Eastern Ave.	4- 2- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 6 1949	Mt. Calvary	Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	[signature]	A. Halstead	918 - Druid Hill Ave.

VS 150

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73148

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alverta Tragdon

2. DATE OF DEATH: April 3 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-2
D. STREET ADDRESS (If rural, give location): 929 N. Gay Street

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/30/12
9. AGE (In years last birthday): 37 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wise
14. MOTHER'S MAIDEN NAME: Annie Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
16. (If yes, give war or dates of service)
SOCIAL SECURITY NO: 216-03-3473
17. INFORMANT: James Tragdon — ADDRESS: 929 N. Gay Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pemphagus
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Acidosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1949, *to* April 3, 19 49, *that I last saw the deceased alive on* April 3, 19 49, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank E Bramlack M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: April 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: Winston Lee Williams, M.D.
25. FUNERAL DIRECTOR: Charles L Law
ADDRESS: 802 Madison Ave

VS 150

153

673149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673149

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA HALL

2. DATE OF DEATH: 4-4-49 9:30 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6715 ALLENHURST
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE (CURTIS BAY)
D. STREET ADDRESS (If rural, give location): 6715 ALLENHURST DRIVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	NEGRO	SINGLE	4-13-1927	21	11 / 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		MARYLAND	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH HALL	BERTHA COOK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		JOS. HALL - 6715 ALLENHURST DR.

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Exact age is especially important. Physician: please write)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* June 13, 1949 *to* April 4, 1949 *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
Zachary R. Gilbert M. D.	4700 Pennington Ave.	April 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	4-8-49	MAGOTHY	A. A. Co., MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 6 - 1949	Huntington Williams, M.D.	WM. A. JACKSON - 916 PENNA. AVE.

VS 150

13C

a 64388

673150

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

19 43

673150

Registered No.

1. NAME OF DECEASED (Type or Print) Rachelle Huffman

2. DATE OF DEATH April 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Hospital or Institution — Outpatient

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1825 E. Baltimore St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White		4-23-46	3 year		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Huffman

14. MOTHER'S MAIDEN NAME Nora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) Neuroblastoma
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ANTECEDENT CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH: 9 mos

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ludwig Vandyke M. D.	JOHNS HOPKINS HOSPITAL	4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Danville Cem	Danville Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 1949	Huntington Williams, M.D.	Charles P Towell	2427 E. Monument Street

VS 10 attended at intermittently from July 1948 until death. 54B
arrived in defervescence moribund + died in 1/2 hour of Vanderbilt M.D.

G731-51

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G731-51

Registered No.

1. NAME OF DECEASED (Type or Print) Sarah Jane Stevens

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 116 S. Bond St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.

c. Length of stay in Baltimore 20 — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 116 S. Bond St.

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Col.	Widow	Aug 6,	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pa.	

13. FATHER'S NAME Samuel Johnson

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT Annie Ford ADDRESS 116 S. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO Arterio Sclerosis

(B) Nephritis

DUE TO Hypertension -

(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH Immediate

19A. DATE OF OPERATION?	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* April 2, 1949, *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Lucian, M.D.	14 E. Broadway	4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 7, 1949	Mt. Calvary Cem.	Md. Towson

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Huntington Williams	Mrs. Gott Ellicott & Son	131a W. 29th St.

VS 150

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G73152

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77 Registered No. G73152

1. NAME OF DECEASED (Type or Print): William Rainey

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1619 E. Eager St
c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1619 E Eager St

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 27, 1880
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Janitor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Rainey
14. MOTHER'S MAIDEN NAME: Emma Lively

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Rose [illegible] ADDRESS: 1619E Eager St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO
(B) Prostatic malignancy
DUE TO
(C) Hypertensive C.V.D. ejindrom

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1949 to April 2nd, 1949 that I last saw the deceased alive on 4/2, 1949, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE: Marvin G Fine M.D
23B. ADDRESS: 118 Biddle St
23C. DATE SIGNED: 4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 2/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Frederick Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1949
REGISTRAR'S SIGNATURE: Thurston for Williams
25. FUNERAL DIRECTOR: Wm Pott & Edward Eff ADDRESS

VS 150

5K 11247 Continued

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 6731:3 B.C. 48-24205 — Registered No. 6731:53

1. NAME OF DECEASED (Type or Print)	FRED LEE EDWARDS
2. DATE OF DEATH	April 4, 1949
3. PLACE OF DEATH: A.	Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Johns Hopkins Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1311 Hans Lane E-1
5. SEX	Male
6. COLOR OR RACE	Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH	10-23-48
9. AGE (In years last birthday)	If under 1 year: Months 5 / Days; If under 24 hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Earl Edwards
14. MOTHER'S MAIDEN NAME	Lula Bassnett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT / ADDRESS	Earl Edwards - 1311 Hans Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Meningo-myelocele
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE	C. J. Fulmer M.D.	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED	4-5-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Buried	24B. DATE: April 6/49
24C. NAME OF CEMETERY OR CREMATORY	Mt Carmel Cem	24D. LOCATION (City, town, or county) (State): Balto County Md
DATE RECEIVED BY LOCAL REGISTRAR	APR 6 - 1949	REGISTRAR'S SIGNATURE: Huntington Williams, Jr.
25. FUNERAL DIRECTOR / ADDRESS	Mrs Pott & Edwards 1578 112 W Edmondson St	

VS 151

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G731:54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 1 6 7

Registered No. G731:54

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James L. Joyce — 2. DATE OF DEATH: April 3 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 152 N. Potomac Ave. 6-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year, last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	MARRIED	July 30 1907	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Police OFFICER		Md.	USA

13. FATHER'S NAME: Patrick Joyce
14. MOTHER'S MAIDEN NAME: Anna Donlon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Thomas P. Joyce 3705 Gibbons Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture, orbit, multiple
DUE TO Fracture, pelvis
(B) Rupture, bladder
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Duodenal ulcer, perforated

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Belair Rd. near Lake
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 3 1949 1 P.M.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Auto into Auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ] suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty, M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-8-49	Holy Redeemer	BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR / ADDRESS: John C. Moran 3000 E. Balto St

VS 151

170 c

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Exact age is especially important.

G731:55

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G731:55

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) Richard W. Smith

2. DATE OF DEATH 4-4-49

3. PLACE OF DEATH
A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 132 So. Highland Ave

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-10
D. STREET ADDRESS (If rural, give location) 132 So. Highland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widowed	12-5-1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		MARYLAND	

13. FATHER'S NAME Walter Smith

14. MOTHER'S MAIDEN NAME Catherine Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Walter J Smith	132 So. Highland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 8 WEEKS
DUE TO
(B) GENERALIZED ARTERIOSCLEROSIS — 2 yrs.
DUE TO
(C) CORONARY OCCLUSION — FEB. 1948

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from FEB. 7, 1948 to APRIL 4, 1949, that I last saw the deceased alive on APRIL 4, 1949, and that death occurred at 8.30 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benjamin Disbrow M.D.	121 S. HIGHLAND AVE	APRIL 4 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-8-48	New Cathedral	BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6-1949	[illegible]	John A. Moran	3000 E. Balt. St

VS 150

94a

6731:56

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151

6731:56

Registered No.

1. NAME OF DECEASED (Type or Print): Charlotta Miller

2. DATE OF DEATH: 4-5-49

3. PLACE OF DEATH
A. Baltimore City, Maryland: BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10. N. Lakewood Ave

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 10 N. LAKEWOOD Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-8-1875
9. AGE (In years last birthday): 73 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Schwartz
14. MOTHER'S MAIDEN NAME: Ninie Rodwick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Mildred Griggs ADDRESS: 10 N. Lakewood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CANCER OF STOMACH
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 9 MOS

19A. DATE OF OPERATION: DEC. 2, 1948
19B. MAJOR FINDINGS OF OPERATION: CANCER OF STOMACH WITH GENERAL CARCINOMATOSIS
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 15 1948 *to* 5 APRIL 1949, *that I last saw the deceased alive on* 4 APRIL 1949, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Shratter M. D.
23B. ADDRESS: 121 S. HIGHLAND AVE.
23C. DATE SIGNED: APRIL 5 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-8-49
24C. NAME OF CEMETERY OR CREMATORY: SCHWARTZ
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balt St

VS 150

46R

BIRTH NO. 6731-57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57 Registered No. 6731-57

1. NAME OF DECEASED (Type or Print) Longest, Mrs Robert

2. DATE OF DEATH 4-4-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co. Catonsville

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospitals

b. Length of stay in Baltimore: Yrs. 21 Mos. Days

D. STREET ADDRESS (If rural, give location) 6010 Baltimore Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Married	Aug 24 1903	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Operator		Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Longest	Lilly Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	219-07-8982	Margaret Longest	6010 Balto Ave Catonsville

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Body + Neck of Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Generalized Metastasis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-29 1949 *to* 4-4 1949, *that I last saw the deceased alive on* 4-4 1949 *and that death occurred at* 9 00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Orrie R Mawhinney Jr M. D.	Community Hospitals	4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-8-49	Loraine	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Justin for Williams M.D.	Frank H Saltz	814 W 36th St

VS 150

469

CERTIFICATE CORRECTED 4-11-49

G73158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73158

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): ARTHUR L. DREXEL

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 832 N. Bentalou St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 832 N. Bentalou St. 16-5

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 21, ~~1905~~ 1895
9. AGE (In years last birthday): 53 ~~56~~ yrs. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Machinist
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard

11. BIRTHPLACE (State or foreign country): ~~Philadelphia, Pa.~~ Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Drexel

14. MOTHER'S MAIDEN NAME: Katherine Matthaei

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Gertrude M. Drexel ADDRESS: 832 N. Bentalou St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of rectum
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

19A. DATE OF OPERATION: Sept 17, 1948
19B. MAJOR FINDINGS OF OPERATION: Carcinoma rectum with metastasis to liver
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3 *to* April 5 1949 *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert Schorlemmer M. D.
23B. ADDRESS: 2302 Edmondson Ave
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/8/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: Lucretia Lee Williams, M.D.
25. FUNERAL DIRECTOR: W. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

46 D

G73159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73159 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Theodore STANLEY /SACHS

2 DATE OF DEATH 4-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital of Baltimore, Inc.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 200 N. Hilton Street

5. SEX	6. COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Married	May 1, 1901	47 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Salesman		Baltimore, Md.	

13. FATHER'S NAME: Philip R. Sachs

14 MOTHER'S MAIDEN NAME: Ida A. Moon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		218-01-8993	Mrs. Myrtle E. Sachs	200 N. Hilton St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 3-20 1949 *to* 4-5 1949, *that I last saw the deceased alive on* 4-5 1949, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE Barnett Berman M. D.

23B ADDRESS Sinai Hospital of Balto.

23C. DATE SIGNED 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/8/49	Baltimore Ce-.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 6-1949

REGISTRAR'S SIGNATURE Livingston Williams, M.D.

25 FUNERAL DIRECTOR WM. J. TICKNER & SONS

ADDRESS Balto., Md.

VS 150

94a

Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

G73160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

G73160 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK J. LAIB

2 DATE OF DEATH April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 N. Bernice St.

c. Length of stay in Baltimore — Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md. B COUNTY

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 23 N. Bernice Avenue 26-6

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white	widowed	Sept. 1, 1869	79 yrs.		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
retired		Baltimore, Md.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Frederick J. Laib	Lavina Crockett

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
-		-	Mrs. Gertrude E. Huster	23 N. Bernice Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Ascending colon DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) debility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH ?

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e g in or about home, farm, factory, street, office bldg etc)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949 *to* April 4, 1949 *that I last saw the deceased alive on* April 3, 1949 *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Bruno Tanglilia M. D.	400 N. Payson St.	4.5.49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/7/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	Emma Lou Williams, M.D.	W. J. RICKARDS & SONS	Balto., Md.

VS 150

46E

Please write the cause of death clearly and legibly. Physician please write the cause of death clearly and legibly. Physician please write the cause of death clearly and legibly. Physician

G73161

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73161

Registered No.

1. NAME OF DECEASED (Type or Print) MR. GEORGE C. FREYMAN

2. DATE OF DEATH 4-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17
D. STREET ADDRESS (If rural, give location) 5322 Belleville Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED	JAN 29-1903	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OPERATOR - BALT. TRANSIT CO.	TRANSPORTATION	BALTO. MARYLAND	U S A

13. FATHER'S NAME: CHARLES FREYMAN

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or date of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
yes		213-10-2631	WIFE	5322 Belleville Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO
(B) Coronary Occlusion + Insufficiency — 2 wks.
DUE TO
(C) Coronary Sclerosis — ? ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7:15 PM 4/4, 1949, *to* 8:50 PM 4/4, 1949, *that I last saw the deceased alive on* 4/4 1949, *and that death occurred at* 8:50 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph LiPira M. D.	Mercy Hosp.	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/7/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	[illegible] Williams, M.D.	W. J. TICKNER & SONS	Balto., Md.

VS 150

94a

Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

GM. 125691

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Madeline Frederickson

2. DATE OF DEATH: April 3 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 12 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 718 S. Broadway

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Div.
8. DATE OF BIRTH: May 2- 1913
9. AGE (In years last birthday): 35 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Carl Wermel or Carl Wermke
14. MOTHER'S MAIDEN NAME: Madeline Mitcy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Far Advanced Pulmonary Tuberculosis — Interval between onset and death: 6 Months
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Exterme Malnutrition — 9 Months
Fatty Metamorphosis of Liver — 9 Months

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 31- , 19 43 *to* April 3- , 1949 , *that I last saw the deceased alive on* April 3-19 49 *and that death occurred at* 5.15A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B..C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4-3-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Maryland Park.
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [illegible] ADDRESS: 1211 St Paul

VS 150

1313

Please write the cause of death clearly and correct age is especially important. Physician: please write plainly.

673163

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673163

1. NAME OF DECEASED (Type or Print): DELIA WALSH

2. DATE OF DEATH: April 5 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 185 Wilkins Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN: (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS: (If rural, give location) 185 Wilkins Ave 19-4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan 6 - 1876
9. AGE (If less than 1 year old, last birthday): 73 | If under 1 Year: Months Days | If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Timothy Joyce
14. MOTHER'S MAIDEN NAME: Catherine Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Walter P. Walsh ADDRESS: 185 Wilkins Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute cardiac dilatation
DUE TO
(B) Chronic myocarditis, hypertension, arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 19__, *to* April 5, 1949 *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 1:50 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. C. Lee M. D.
23B. ADDRESS: 4 N. Fulton
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8-1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jos. B. McWilliams

VS 150

93D

Please write the cause of death clearly and legibly. Physician: please write the correct age in years, months, days or hours, as important.

GM. 127750 **CERTIFICATE CORRECTED** 8-26-60x

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C.-49-10743 **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print) James L. Schafer or James W Schafer

2. DATE OF DEATH 4- 5- 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD.
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Dundalk
D. STREET ADDRESS (If rural, give location) 1516 Vesper Ave. Dundalk Z 22

c. Length of stay in Baltimore Life Yrs. Mos. Days

5. SEX Male
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single
8. DATE OF BIRTH May- 22- 1948
9. AGE (In years last birthday) If Under 1 Year: Months 10 Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis A. Schafer
14. MOTHER'S MAIDEN NAME Mary Ketner Kelner or Kellner
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Records Balto. City Hospitals ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Dural Sinus Thrombosis — Interval between onset and death: 4 Days
DUE TO
(B) Generalized Convulsions — 4 Days
DUE TO
(C) Congenital Cerebral Defect

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3- 23- 1949 to 4- 5- 1949, that I last saw the deceased alive on 4- 5- 1949 and that death occurred at 2.55 A.M., from the causes and on the date stated above.

23A. SIGNATURE, M.D.
23B. ADDRESS B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED 4- 5-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 7 1949
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial
24D. LOCATION (City, town, or county) Dorsey, (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 6 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS 2112 Dundalk Ave.

VS 150

Correct age is especially important. Physician please write the cause of death clearly and legibly.

673165

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

481 673165 Registered No.

1. NAME OF DECEASED (Type or Print) ARTHUR - SHELLMAN - GREENE

2. DATE OF DEATH Apr 5-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 319 Hood Bend Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

B COUNTY

C. CITY OR TOWN (If outside corporate limits, write DIST. and give township) Baltimore Md

C. Length of stay in Baltimore 50 Years Yrs. Mos. Days

D STREET ADDRESS (If rural, give location) 319 N Bend Road

5. SEX Male

6. COLOR OR RACE White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single

8. DATE OF BIRTH Sept 15-1876

9. AGE (In years last birthday) 72 yrs

If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baliff

10B. KIND OF BUSINESS OR INDUSTRY Court

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME J Thos Greene

14. MOTHER'S MAIDEN NAME Mary Etta Moffoat

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT (Address) Mr Claude Ebaugh ✓

MEDICAL CERTIFICATION

Please write the cause of death clearly and correct age is especially important. Physician

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Myocarditis Acute — 3-4 days

DUE TO (B) Colo-Lag w/spe — 1-2 mths.

DUE TO Senility.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —

19B MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 29 1949 to Apr 5 1949 that I last saw the deceased alive on April 2 1949, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

23A. SIGNATURE S. Hoyt Johnson M.D.

23B. ADDRESS Catonsville

23C. DATE SIGNED 4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Apr 8-49

24C. NAME OF CEMETERY OR CREMATORY Manchester

24D. LOCATION (City, town, or county) (State) Carroll Co Md

DATE RECEIVED BY LOCAL REGISTRAR APR 6-1949

REGISTRAR'S SIGNATURE Lee Williams, M.D.

25. FUNERAL DIRECTOR Edw C. Tipton

ADDRESS Hampstead Md

VS 150

33 L

G73166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73166
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK HERMAN BURHORST

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2009 E. Lanvale Street

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2009 E. Lanvale Street 1-6

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1885
9. AGE (In years last birthday): 63 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Md. Jockey Club

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: BERNARD BURHORST

14. MOTHER'S MAIDEN NAME: ELIZABETH MORGATHEAU

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-0139

17. INFORMANT: 2009 E. Lanvale St Mrs. Grace V. Burhorst-

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mitral Insufficiency
DUE TO
(B) Hypertension
DUE TO
(C) Myocardial Insufficiency

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Chronic Int Nephritis

INTERVAL BETWEEN ONSET AND DEATH
3 yrs
3 mo.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17-1944 to 4-4-1944, that I last saw the deceased alive on 4-4-1944, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE: David Miller M.D.
23B. ADDRESS: 1500 N Broadway
23C. DATE SIGNED: 4-5-44

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6-1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS

VS 150

BALTIMORE - 13, MARYLAND 12/a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73167

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73167

1. NAME OF DECEASED (Type or Print): Emma Regner

2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland: Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 267 S. Ellwood Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 267 S Ellwood Ave
B. COUNTY: Balt Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 267 S Ellwood Ave

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED ~~WIDOWED DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Single	Sept 29	94		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore Md	U.S.A.

13. FATHER'S NAME: Jacob Regner

14. MOTHER'S MAIDEN NAME: Elizabeth Rittersbush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Michael F. Frawley	267 S Ellwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	immediate
DUE TO (B)	Hypertensive Cardiovascular disease	
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* April, 1949, *that I last saw the deceased alive on* Jan, 1949, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles B. MacMunn M. D.	2911 E. Baltimore St.	April 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 8 1949	Oak Lawn Cem	Eastern Ave Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	[illegible]	John C Moran	3000 E Baltimore St

VS 150

9-31

collect age is especially important. Physician, please write the cause of death clearly and legibly.

G73168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 31

Registered No. G73168

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Susie e. Cliver

2. DATE OF DEATH: 4/4/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 926 N. Central Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D STREET ADDRESS (If rural, give location): 926 N. Central Ave 10-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Col.	Widow	3/I4/1875	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Gross	Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Flossy Smith 926 N. Central Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemorrhage	4 days
DUE TO		
ANTECEDENT CAUSES (B)	Hypertension	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1947, 19__, *to* 4-4-, 1949, *that I last saw the deceased alive on* 4-4-, 1949, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R.W. McDaniel M. D.	807 N. Caroline	4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/7/1949	Mt. Calvery Cem. A.A.Co. Md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	[illegible] for Williams, M.D.	Elroy C. Wilson	1000 Brantly Ave

VS 150

8 3a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73169

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1948

Registered No. G73169

1. NAME OF DECEASED (Type or Print): Ella Lee

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-4
D. STREET ADDRESS (If rural, give location): 1505 E. Chase St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Married	8-10-03	45	7 / 25	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chris. Dyer

14. MOTHER'S MAIDEN NAME: Fannie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

Cause age is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism — Interval: 2 minutes

DUE TO

(B) Sarcoma of Pleura and Bone — Interval: 3 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-17-49	Costo-transversectomy - Biopsy	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	None	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. I hereby certify that I attended the deceased from 3/13 1949 to 4/5, 1949, that I last saw the deceased alive on 4/5, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Johns Hopkins Hospital	4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 10/49	Arbutus Memorial	Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 6 - 1949	[illegible] for Williams, MD	Mrs Robt G. Elliott & Daughter	1129 N. Caroline St 47E

VS 150

673:70

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 4 of 3

673:70

Registered No.

BIRTH NO. B.C. 48-18794

1. NAME OF DECEASED (Type or Print): Mary Margaret Krause

2. DATE OF DEATH: 4/4/49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BON SECOUR HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2809 Hampden Ave. Md.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8/29/48
9. AGE (In years last birthday): 0 — If Under 1 Year: Months 7, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph F. Krouse.
14. MOTHER'S MAIDEN NAME: Josephine Picarello

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine Krause — ADDRESS: 2809 Hampden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) External Hydrocephalus
DUE TO
(B) Meningitis.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 3/28/49.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 9th, 1949 *to* April 4th, 1949 *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Carlos J. Castellano M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 4/4/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Taylor Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 6 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

87F

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

7321 Thomas Brennan
5217 Harford Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

260 G73171

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): William O. Perry

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2710 Strathmore Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2710 Strathmore Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	Nov. 1, 1860	88	5	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stat. Engineer - retired
10B. KIND OF BUSINESS OR INDUSTRY: Pittsburgh Plate Glass
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert M. Perry
14. MOTHER'S MAIDEN NAME: Annie Ganns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: J. C. Miller, ADDRESS: 2710 Strathmore Avenue

MEDICAL CERTIFICATION

(Correct age is especially important. Physician: please write the cause of death clearly and legibly.)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Arteriosclerosis
DUE TO
(B) Mild Diabetes Mellitus
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) ? (B) ? (C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 30, 1949, *to* Apr 6, 1949, *that I last saw the deceased alive on* Apr 2, 1949, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Brennan M. D.
23B. ADDRESS: 5217 Harford Rd (14)
23C. DATE SIGNED: 4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 4/7/49
24C. NAME OF CEMETERY OR CREMATORY: Greenway
24D. LOCATION (City, town, or county) (State): Berkley Springs, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: Acting for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

VS 150

61

CERTIFICATE CORRECTED AS TO [illegible] personal typewriter

673172 To be Traced in my Book. 673172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frances A. Dorsey

2. DATE OF DEATH April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cooksville
D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4436 St. George's Ave.

c. Length of stay in Baltimore: 6 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F	Colored	Widowed	June 13 1866	83	3 24	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Winfield Dorsey
14. MOTHER'S MAIDEN NAME Amelia Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Catherine Settles 4436 St. George's Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocarditis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile degeneration

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 26, 1949 *to* April 6, 1949, *that I last saw the deceased alive on* April 2, 1949, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C.R. Campbell M.D.	718 Dolphin St. Balto. Md.	4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	April 10. 1949	Bush Park	Cooksville Howard Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 1949	Huntington Williams, M.D.	H. M. Snyder	Mt. Airy

VS-150

937

Please write the cause of death clearly and legibly. Correct age is especially important. Physician: please write

B-127407
73173

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 73173

1. NAME OF DECEASED (Type or Print) Robert Cole

2. DATE OF DEATH April 5-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2030 Aliceanna Street

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 6- 1900
9. AGE (In years last birthday) 48 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William L. Cole
14. MOTHER'S MAIDEN NAME Zeuobia or Zenobia Mannely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

		INTERVAL BETWEEN ONSET AND DEATH
I (A)	Terminal, Bronchial Pneumonia.	Several Days
DUE TO (B)	Bronchogenic Carcinoma	Month ?
DUE TO (C)	Metastasis, to liver, Adrenals, Kidneys & Probably to Brain	
II		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8- , 1949, *to* 4-5- , 1949 *that I last saw the deceased alive on* 4-5- , 1949, *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M.D.
23B. ADDRESS Baltimore City Hospitals
23C. DATE SIGNED 4-6-1949

23A. BURIAL, CREMATION, REMOVAL (Specify) Burial
23B. DATE 4/9/49
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill
24D. LOCATION (City, town, or county) (State) Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1949
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Wilson Coffin
ADDRESS 1249 Light St

VS 150

47c

Please write the cause of death clearly and legibly. Physician's signature is especially important.

G73174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

G73174

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Luther Billingsley Alvey

2 DATE OF DEATH 4-5-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 59 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md. B COUNTY Baltimore.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18
D. STREET ADDRESS (If rural, give location) 3529 Hayward Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	W	6-4-84	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retired	Paymaster.	Virginia	U.S.A.

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Mr. George Alvey	Ella Slider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.		Daughter	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3-7-49 3-6-49	Carcinoma of Recto Sigmoid	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-6 1949 *to* 4-5 1949 *that I last saw the deceased alive on* 4-5 1949 *and that death occurred at* 6 15 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis D. Cotton M. D.	Union Memorial Hospital	4-5-49

23A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-8-49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Livingston Williams, M.D.	Wilson Colonial Inc	1219 Druid Park Lake Dr

VS 150

461

Cause of age is especially important. Physician: please write the cause of death clearly and fully.

G73175 Taken from Morgue by undertaker 4/6/49 ✓

G73175

ES-114200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191 Registered No.

1. NAME OF DECEASED (Type or Print) John Ramsey

2. DATE OF DEATH 3-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals

C. Length of stay in Baltimore 33 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 803 Madison Ave. 11-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	Sept. 2, 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Ramsey

14. MOTHER'S MAIDEN NAME Hanna Livockmon or Dereckman ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS 4940
RECORDS*BALTO. CITY HOSPITALS Eastern Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Broncho-pneumonia	4 Days
DUE TO (B)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Cerebral Thrombosis	2 Days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1 19 47 *to* 3-27 19 49, *that I last saw the deceased alive on* 3-27 19 49, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Peter Logan M.D.

23B. ADDRESS 4940 Eastern Avenue

23C. DATE SIGNED 4-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/8/49

24C. NAME OF CEMETERY OR CREMATORY St Peters

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Nathan Cook Inc

ADDRESS 1214 Druid Park Dr

VS 150

836

Please write the cause of death clearly and legibly. Physician's signature is especially important. Physician's address is also important. Please write the cause of death clearly and legibly.

Dr. Lubinsky

G733176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G733176 Registered No.

1. NAME OF DECEASED (Type or Print): WHITE, JAMES H.

2. DATE OF DEATH: 4-4-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 531 Wildwood Parkway 20-7

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 30, 1868
9. AGE (In years last birthday): 80 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ----------White
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Elizabeth White, 531 Wildwood pkwy ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senile Emaciation & debility — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis & — DUE TO

(C) Arteriosclerotic Heart disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic fracture left Rib

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
For: Chester J. Lubinski M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 2-4-49
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ACCIDENT
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home 531 Wildwood Parkway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 531 Wildwood Parkway

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 24, 1949 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped and fell to floor

22. *I hereby certify that I attended the deceased from* 1-24-49, 19__, *to* 4-4-49 19__, *that I last saw the deceased alive on* 4-4-49 19__, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS:
23C. DATE SIGNED: 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7/49
24C. NAME OF CEMETERY OR CREMATORY: Western, Edmondson Ave. & Longwood St. Balto., Md.
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Nitzke
ADDRESS: 4101 Edmondson Ave.

VS 150

186a

Correct age is especially important. Physician please write the cause of death clearly and legibly.

CERTIFICATE CORRECTED 4-12-49

BIRTH NO. 73177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 14 3 73177

1. NAME OF DECEASED (Type or Print): Rose Donaldson

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-2

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2515 Jefferson St

7. SEX: female

8. COLOR OR RACE: white

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH: APRIL 26 (1888) 1888

11. AGE (In years last birthday): (60) 60

If under 1 year: Months Days

If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if not lately): SUPERVISOR - HOPKINS HOSP

10B. KIND OF BUSINESS OR INDUSTRY: Doctors Dining Rooms

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ANDREW SHUE

14. MOTHER'S MAIDEN NAME: EMMA HOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-12-2509

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Empyema, right, probably post-pneumonic weeks pyogenic

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 4-5-49 to 4-5-49, that I last saw the deceased alive on 4-5-49, and that death occurred at 1 m., from the causes and on the date stated above.

23A. SIGNATURE: Gordon Cades M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: APRIL 5 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: APR 8 '49

24C. NAME OF CEMETERY OR CREMATORY: HARTSTEAD

24D. LOCATION (City, town, or county) (State): HAMPSTEAD, MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1949

REGISTRAR'S SIGNATURE: Hunter for Williams, MD

25. FUNERAL DIRECTOR ADDRESS: HARRY H WITZKE - 4101 EDMONDSON AVE

VS 150

93D

673178

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673178

1. NAME OF DECEASED (Type or Print): ELSIE L. YEWELL

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5023 Frederick Avenue
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5023 Frederick Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 8, 1892
9. AGE (In years last birthday): 57 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James Flynn
14. MOTHER'S MAIDEN NAME: Minnie------
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT / ADDRESS: Mrs. Anna Flynn, 523 Wildwood Parkway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute alcoholism
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 7/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): 5501 Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Harry A. Lutzke
ADDRESS: 410 Edmondson Ave.

77c

VS 151

6731/9

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420 1

Registered No. 6731/9

1. NAME OF DECEASED (Type or Print): Millman, Raphael

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp
C. Length of stay in Baltimore: 65 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 4002 Fairview Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH:
9. AGE (In years last birthday): 78 (If under 1 year: Months, Days. If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hdw.
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Nathan
14. MOTHER'S MAIDEN NAME: Miriam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Robt Millman - ADDRESS: 4002 Fairview Ave

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO Ashd, Hcvd.

(B) Cerebrovascular Accident
Bronchopneumonia
Pertonitis

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4-2-49

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4 *1949, to* 4-6 *, 1949, that I last saw the deceased alive on* 4/5 *, 1949, and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lester Steinberg, M.D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-49
24C. NAME OF CEMETERY OR CREMATORY: Beth Tfiloh
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd. Balto MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Louis Inc. ADDRESS: 2100 Eutaw Place

VS 150

939

673:80

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673:80

1. NAME OF DECEASED (Type or Print): Ida Kemper

2. DATE OF DEATH: 4-6-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4510 Reisterstown Rd
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-13
D. STREET ADDRESS (If rural, give location): 4510 Reisterstown Rd

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry
14. MOTHER'S MAIDEN NAME: Mary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) / (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Kemper ADDRESS: 4510 Reist Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio Vas Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____ 19[illegible] to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 11:35 P m., from the causes and on the date stated above.

23A. SIGNATURE: Manuel Levin M D
23B. ADDRESS: 7818 Reisterstown Rd
23C. DATE SIGNED: April 6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-7-49
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, Town, or County) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 150

93D

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G73181
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73181
Registered No.

1. NAME OF DECEASED (Type or Print): Patrick J. Burns

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 50 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 824 East Preston St 4-9

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 14, 1872
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Brick Work
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Burns
14. MOTHER'S MAIDEN NAME: Ann Regan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. Catherine Burns ADDRESS: 824 E. Preston St

MEDICAL CERTIFICATION

(write the cause of death clearly and correct age is especially important. Physician: please write)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 wks

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* March 3, 1949 *to* Apr 5, 1949, *that I last saw the deceased alive on* Apr 1st, 1949, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm H Pease M. D.
23B. ADDRESS: 2105 N. Charles St
23C. DATE SIGNED: Apr 6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MR
25 FUNERAL DIRECTOR: Rita Wiedefeld
ADDRESS: 900 E. Biddle St

VS 150

83a

CERTIFICATE CORRECTED 4-22-49.

G73382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73382

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Josephine Morgan Kelly

2 DATE OF DEATH 4-4-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 70 years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Baltimore B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-1
D. STREET ADDRESS (If rural, give location) 1842 W Baltimore Street

5. SEX F

6. COLOR OR RACE W

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov 16 1870

9 AGE (In years last birthday) 78 | If under 1 year: Months Days | If under 24 hours: Hours Min. 79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist (Painter)

10B. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Nova Scotia

12 CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME George Morgan

14 MOTHER'S MAIDEN NAME Mary Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

(If yes give war or dates of service)

16. SOCIAL SECURITY NO None

17. INFORMANT Miss Josephine Kelley ADDRESS 1842 W Balto St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH 1 yr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Diabetes Mellitus — 4 yrs

(C) Arteriosclerosis Gangrene of legs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Heart Block

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1949 *to* 4-4, 1949 *that I last saw the deceased alive on* 4-4, 1949 *and that death occurred at* 10:40 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE John D. Gross M. D.

23B. ADDRESS Union Memorial Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Apr. 7-1949

24C. NAME OF CEMETERY OR CREMATORY Lorraine Park.

24D. LOCATION (City, town, or county) Woodlawn (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1949

REGISTRAR'S SIGNATURE Huntington Williams M. D.

25. FUNERAL DIRECTOR Geo. L. Beyer Jr. ADDRESS

VS 150

46E

Please write the cause of death clearly and correct age is especially important. Physicians: please write legibly.

CERTIFICATE CORRECTED 4-7-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73183 (BIRTH NO.) 4/43 G73183 Registered No.

1. NAME OF DECEASED (Type or Print): Duer Cyrus Robson

2. DATE OF DEATH: April 6-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3812 Callaway Ave

c. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: ---
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3812 Callaway Ave 15-11

5. SEX	6. COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	June 2-1890	58	10	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Western Electric
11. BIRTHPLACE (State or foreign country): Elkhorn Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Robson
14. MOTHER'S MAIDEN NAME: Carrie Ellison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-9582
17. INFORMANT: Mrs Vivian N. (Robson) Nelson ADDRESS: 3812 Callaway Ave

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardio-vascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 1949, to 4/6, 1949, *that I last saw the deceased alive on* 4/1, 1949, *and that death occurred at* 4:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Wilmer J. Tenner M. D.
23B. ADDRESS: 11 W. 24th St.
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apl 9 1949
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4/7/49
REGISTRAR'S SIGNATURE: Huntington Starr
25. FUNERAL DIRECTOR: Putnam & Lore ADDRESS: 3324 Edmondson Ave

VS 150

93D

G73184

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73184 Registered No.

1. NAME OF DECEASED (Type or Print): JAMES BARNES

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 630 Baker Street 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored		May 15, 1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: [redacted] James Barnes
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Gladden ADDRESS: 630 Baker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* AUTOPSY (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	April 9/49	Mt Auburn	West Port

DATE RECEIVED BY REGISTRAR: APR 7 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D
25. FUNERAL DIRECTOR: Wm Brooke ADDRESS: 1763 N. Carey St.

VS 151

937

73185

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

456.0 G73185

Registered No.

1. NAME OF DECEASED (Type or Print): Mary B. Noha

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 918 N. Montford Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 918 N. Montford Ave.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 18, 1875

9. AGE (In years last birthday) (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.): 73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Bartos

14. MOTHER'S MAIDEN NAME: Frances Svika

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss. Emma Noha - 918 N. Montford Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 3/8-4/5/49

DUE TO

(B) Chronic Interstitial Nephritis — 3-1-48

DUE TO

(C) Arterio Sclerosis — Jan 1, 1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* March 1, 1949 *to* April 5, 1949 *that I last saw the deceased alive on* April 5, 1949 *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Rysanek, M.D.

23B. ADDRESS: 701 E. Lanwood Rd

23C. DATE SIGNED: 4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/9/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town or county) (State): 4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

131a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 39.1

Registered No. G73186

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWIN FORREST

2. DATE OF DEATH 05 APRIL 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY 11-2
D. STREET ADDRESS (If rural, give location) 101 W MONUMENT ST

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GEN. HOSP.

c. Length of stay in Baltimore: Yrs. life Mos. Days

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 22 JAN 1871 | 9. AGE (In years last birthday) 78 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Often if retired) Clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND (Balto.)

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ANDREW J. FORREST

14. MOTHER'S MAIDEN NAME EMILY L. DORSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Lillian M. Forrest ADDRESS 101 W. Monument St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MASSIVE GASTRO INTEST-INAL HEMORRHAGE — Interval between onset and death: 8 hours

DUE TO

(B) ESOPHAGEAL ULCER (JUST ABOVE CARDIA) WITH EROSION OF SCLEROTIC ESOPHAGEAL VESSEL — ? ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 AM 05 APRIL, 1949 *to* 3:30 PM 05 APRIL, 1949 *that I last saw the deceased alive on* 05 APRIL 1949 *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE Donald F. England M.D. | 23B. ADDRESS MARYLAND GEN HOSP | 23C. DATE SIGNED 05 APR 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/8/49 | 24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | 24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

VS 150

123

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73182

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 G73187 Registered No.

1. NAME OF DECEASED (Type or Print): ALFRED EDWIN BOOTH JONES

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

A. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.

B. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 306 Gittings Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Jan. 2, 1879	70 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Scottish Rite Temple	Balto., Md.	

13. FATHER'S NAME: John T. Jones

14. MOTHER'S MAIDEN NAME: Lida A. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Nellie Jones	306 Gittings Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Hypernephroma of right kidney with generalized metastases — ?

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 4, 1949, *to* April 6, 1949, *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Vincent A. Cacace M.D.	Franklin Square Hosp	6 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/9/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Huntington Williams, M.D.	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 150

52a

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73188

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DOA. LUCINDA Mc DERMITT

2. DATE OF DEATH: about 7th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland - Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2812 London ave.

c. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 2812 London. B. COUNTY: Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2812 London ave. 15-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F.	White	married	July 17 1886	62	8	20		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	—	Adams Co Pa.	

13. FATHER'S NAME: James Carbaugh

14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no.		none.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Artio Sclerosis — DUE TO

(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 days.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-2-, 1949, *to* 4-7, 1949, *that I last saw the deceased alive on* 4-7-, 1949, *and that death occurred at* 12.45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard S. Warner M. D.	2604 Garrison Blvd.	4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal.	4/9/49	St Ignatius Cem.	adams Co Pa

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Hunting for W. Evans, M.D.	Hunton Bender	Gettysburg Pa

VS 150

94a

BIRTH NO. 128051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20 0 Registered No. 73189

1. NAME OF DECEASED (Type or Print) Jefferson Sickal

2. DATE OF DEATH April 6- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland B COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 1416 N. Gay St. Z 13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	White	Widowed	Aug. 12, 1869	79 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore - Md	U.S.A.

13. FATHER'S NAME (DEC)

14. MOTHER'S MAIDEN NAME (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Records B.C.H.	4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Thrombosis	2 Weeks
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) Arteriosclerotic Heart Disease	Duration ?
DUE TO		
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-6-49, 19 *to* 4-6-49, 19, *that I last saw the deceased alive on* 4-6-49, 19, *and that death occurred at* 6.30 PM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	Baltimore City Hospitals	4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/9/49	Parkwood Cemetery	Taylor Ave. Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Carrington Williams, M.D.	Howard N. Bligh	6009 Harford Road

VS 150

93D

correct age is especially important. Physician: please write the cause of death clearly and legibly.

Hospital Disposal B.C.-49-06956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61-5

Registered No. 673:50

1. NAME OF DECEASED (Type or Print) Baby Boy Mosley

2. DATE OF DEATH April 4, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 1507 E. Biddle St. 8-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Child	4-4-49			16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Mosley
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) prematurity
DUE TO
(B) premature separation of placenta
DUE TO
(C) ? atelectasis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4-4 1949, *to* 4-4 1949, *that I last saw the deceased alive on* 4-4 1949, *and that death occurred at* 7 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M. D.
23b. ADDRESS JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Hosp Disposal
24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 7 - 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR ADDRESS

160c

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

GM. 127895

673191

BIRTH NO. B.C. 49-0718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

762.5

Registered No. 673191

1. NAME OF DECEASED (Type or Print) Baby Girl Thompson (Mother Harryiett)

2. DATE OF DEATH 3-30- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 706 N. Payson ST.

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro	S	3- 30- 1949			2.47

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME: Arthur Thompson

14. MOTHER'S MAIDEN NAME: Harryiett Varry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Records Balto. City Hospitals	4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.) (A) Prematurity Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 Hrs.

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3- 30- 1949 *to* 3- 30 - 1949, *that I last saw the deceased alive on* 3- 30-1949, *and that death occurred at* 1.00P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	B.C.H. 4940 Eastern Ave.	3-30-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	[illegible] for Williams, M.D.		

VS 150

159

Every item of information known to the penalty supplied. Physician: please write the cause of death clearly and legibly. correct age is especially important.

GM. 127931

G73192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7700 G73192

Registered No.

BIRTH NO. B.C. 49-07191

1. NAME OF DECEASED (Type or Print): Griffin Baby Girl (Mother Dorothy)

2. DATE OF DEATH: 4- 1- 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 406 W. Conway ST.

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3- 31- 49
9. AGE (In years last birthday)
If Under 1 Year: Months, Days: 1
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Ware
14. MOTHER'S MAIDEN NAME: Dorothy Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records Balto, City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital, Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

DUE TO
(B) Aemia, undiagnosed — unknown duration

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

PART II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 31 - , 1949, *to* 4- 1- 49 19 , *that I last saw the deceased alive on* 4 - 1 - , 1949 , *and that death occurred at* 12 01 Am *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4- 4- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 4- 2- 1949
24C. NAME OF CEMETERY OR CREMATORY: B.C.H.
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave. Balto. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: [signature] Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

161a

Please write the cause of death clearly and legibly. Physician's signature is especially important. Physician should be very careful to correct age is especially important.

673193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673193 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jordan Tyler Williams

2. DATE OF DEATH 9-6-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore: Yrs. 10 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hampstead (Rural)
D. STREET ADDRESS (If rural, give location)

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH (Month) (Day) (Year) aug 12-1877 | 9. AGE (In years last birthday) 81 yrs | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Jordan

14. MOTHER'S MAIDEN NAME Charlotte A Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Mr Eugene Jordan ADDRESS Manchester Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Head of Pancreas & liver metastasis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) N/A Pt died in terminal shock - cause? - acute pancreatitis? - many to operative procedure?
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 9-9-49
19B. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancreas & liver metastasis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28 1949 to 9-6 1949 that I last saw the deceased alive on 9-6 1949 and that death occurred at 6 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE Carlin R Youngman M.D.
23B. ADDRESS University Hospital
23C. DATE SIGNED 9-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE apr 9/49
24C. NAME OF CEMETERY OR CREMATORY Mt Pleasant
24D. LOCATION (City, town, or county) (State) Carroll co Md

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

469

VS 150

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73194

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 760

Registered No. G73194

1. NAME OF DECEASED (Type or Print): JOSEPHINE ZIOMEK

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 234 S. Wolfe Street
C. Length of stay in Baltimore: 53 Yrs. Mos. Dys.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 234 S. Wolfe Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widowed	January 4, 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Janowiec, Poland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Jacob Knasiak
14. MOTHER'S MAIDEN NAME: Carolina Drzymala
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Helen Ziomek, ADDRESS: 234 S. Wolfe Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO
(B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE; NEPHROSCLEROSIS AND DIABETIC GANGRENE — 7/28/45
DUE TO
(C) DIABETES MELLITUS — 10 YRS ???

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: DEC 19, 1946
19B. MAJOR FINDINGS OF OPERATION: RIGHT MID-THIGH AMPUTATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28, 1945 *to* 4/4, 1949 *that I last saw the deceased alive on* 4/4, 1949 *and that death occurred at* 4:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Jeff F. Drenga M. D.
23B. ADDRESS: 209 S. Chester St
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 8, 1949	St. Stanislaus	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: M. F. Sadowski & Sons, ADDRESS: 1808 Eastern Avenue

VS 150

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

61

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Birth No. 23195 — Registered No. 673195

1. NAME OF DECEASED (Type or Print): Mr. William L. Krausz

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3205 Foster Ave., 26-11

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 9/16/1894
9. AGE (In years last birthday): 54 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Corp.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Krausz
14. MOTHER'S MAIDEN NAME: Annie K. Kicklas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: 215-05-7113
17. INFORMANT: Mary Otremba ADDRESS: 3225 Foster Ave.

MEDICAL CERTIFICATION

Every item of information should be carefully supplied. Write the cause of death clearly and legibly. Physician: please write correct age in especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Encysted empyema
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Bullous emphysema with secondary infection
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Right ventricular cardiac failure

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1949 *to* April 6, 1949 *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 10:50AM, *from the causes and on the date stated above.*

23A. SIGNATURE: F. Joseph Krejci, M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/11/1949
24C. NAME OF CEMETERY OR CREMATORY: LOUDEN PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Tilley & Zeiler Inc. ADDRESS: 403 S. Wolfe St.

VS 150

1100

AB-127943

73196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No. G73196

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Ribecky

2 DATE OF DEATH April 6-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore 47yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1349 S.Clinton Street 26-6

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
M	White	Widowed	?	74?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Czechoslovaka	U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	?	Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Intracerebral Hemorrhage of the right temporal lobe	1week
DUE TO (B)		
DUE TO (C)	Hypertension	2 Yrs.?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1- , 19 49 *to* 4-6- , 19 49 *that I last saw the deceased alive on* 4-6- , 19 49 *and that death occurred at* 4.30Am *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[illegible] M. D.	Baltimore City Hospitals 4940 Eastern Ave	4-6-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/9/1949	Holy Redeemer	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	[illegible]	Lilly & Zeiler Inc	403 S. Wolfe St.

VS 150

820

673197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

446 Registered No. 673197

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HERMAN TOWNSEND

2. DATE OF DEATH 9-7-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Wicomico
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Married	August 18 1908	40	7 20	- -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maryland.	U.S.A

13. FATHER'S NAME William J. Townsend
14. MOTHER'S MAIDEN NAME Sarah J. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	Unknown	?	Blanch Townsend	Salisbury, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malignant Hypertension
DUE TO and Uremia
(B) Carcinoma of Uterus
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21 1949 *to* 9-7 1949, *that I last saw the deceased alive on* 9-7 1949 *and that death occurred at* 7:35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arlie R. Margberger M.D.	Univ. Hosp. Balto, Md	9-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-10-49	Shad Point	Shad Point Maryland.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	[illegible]	Holloway & Co.	Salisbury, Md.

VS 150

1310

Please write the cause of death clearly and legibly. Physician: please write the correct age in especially important.

673198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673198 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Schuck

2. DATE OF DEATH April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sisters of the Poor Home for the Aged

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-5

D. STREET ADDRESS (If rural, give location) 3408 Glenmore Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	W.	Aug. 31, 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Baltimore	

13. FATHER'S NAME Albertinus Schuck

14. MOTHER'S MAIDEN NAME Matilda Wintseling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212-20-9689	Mrs. Kemp Neal	3408 Glenmore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic Myocarditis	6 yrs
ANTECEDENT CAUSES	DUE TO (B) Arterio-Sclerosis	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1949, *to* April 5, 1949 *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Hall Hall MD M. D.	1631 E. Northern	April 6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	4-9-49	Moreland Pk.	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949		Leonard J. Luck	5305 Harford

VS 150

937

Please write plainly with pen and ink. Every item on this certificate should be carefully supplied. Information is especially important. Physicians: please write the cause of death clearly and legibly.

273199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 273199

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILSON COLUMBUS ROBINSON

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1025 N. Vincent Street 16-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Married		57 (djm)		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes World War I	212-16-4736	Agnes Robinson	1025 N. Vincent St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchiectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER ☒ / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George L. Merrill M.D.		4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	4/11/49	Balto. National	Frederick Ave. Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Huntington Williams, M.D.	Metropolitan Funeral Home Inc.	1066 9-27 N. Mount St.

VS 151

49-127929

G23200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73200

1. NAME OF DECEASED (Type or Print) George Dailey

2. DATE OF DEATH April 6- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore City: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1634 Gwynns Falls Parkway 12-4

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married--
8. DATE OF BIRTH July 6- 1884
9. AGE (In years last birthday) 64 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.
11. BIRTHPLACE (State or foreign country) Maryland (Balto.)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Dailey
14. MOTHER'S MAIDEN NAME Wilhelmena Radeloff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO 213-10-0631
17. INFORMANT ADDRESS Baltimore City Hospitals Records- 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tubberculosis	2 YRS
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31- , 19 49 to 4-6- , 19 49 *that I last saw the deceased alive on* 4-6- , 19 49 *and that death occurred at* 5.05 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B ADDRESS Baltimore City Hospitals
23C DATE SIGNED April 6, 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/9/49
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.
24D LOCATION (City, town, or county) (State) Baltimore, Md.--

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949
REGISTRAR'S SIGNATURE
25 FUNERAL DIRECTOR Wm. J. TICKNER, & SONS
ADDRESS Balto. Md.

150

126

Every item of information should be given if any supplied. Please write plainly, with unfading ink. Give the cause of death clearly and legibly. Physician's please write the cause of death clearly and legibly. Physician's please write the correct age is especially important.

G73201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 4 3

G73201

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print) John W. Harris

2. DATE OF DEATH April 6/4 9

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hosp.

C. Length of stay in Baltimore 25 yrs, (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1604 W.Pratt St. 17-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	Widowed	Nov. 4, 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	

13. FATHER'S NAME: David Harris

14. MOTHER'S MAIDEN NAME: Sarah Showalter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Marshall T. Harris,	1604 W.Pratt St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-25-1949 *to* 4-6-1949 *that I last saw the deceased alive on* 4-6-1949 *and that death occurred at* 6:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Albert C. Herrmann M. D.	West Balto Gen Hosp.	4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	April 7/49	Harris Family Plot,	Salem, Va.

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Harry H. Nitzel — ADDRESS: 4101 Edmondson Ave.

VS 150

9a D

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73502 Grave #5. G73502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Allen, Pearce

2. DATE OF DEATH: March 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1834 Orleans St. 6-C-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored		8-1-04	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Intra cerebral + Ventricular Hemorrhage.	Hours.
DUE TO (B)	Hypertension	years.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1949 *to* 3-14, 1949 *that I last saw the deceased alive on* 3-14, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur J. Barnes M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 3-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: PUBLIC CEMETERY APR 7 1949

24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 7 - 1949

REGISTRAR'S SIGNATURE: Dorothy for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS:

VS 150

83a

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician is especially important. Correct age is especially important.

G73203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73203

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julian E. Durant.

2. DATE OF DEATH: 4-7-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

c. Length of stay in Baltimore: 14 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1900 Woodbourne Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	Oct. 14, 1888	60 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Checker	Western Md. Dairy	France	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jules Durant	Emilie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Miss Mary M. Durant	1900 Woodbourne Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial failure

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-3-, 1949, *to* 4-7, 1949, *that I last saw the deceased alive on* 4-7-, 1949, *and that death occurred at* 3:45 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis J Glass M.D.	2730 N. Charles St	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/49	Moreland Mem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 - 1949	Lucretia Lee Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

673-04

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. 673-04

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Jefferson Gillispie

2. DATE OF DEATH 4-7-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 2½ mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Maryland
b. COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cockeysville
d. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	12-12-1870	78 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wyley Gillispie

14. MOTHER'S MAIDEN NAME Frances Katherine Pullman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Drucella Gillispie ADDRESS Cockeysville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 3-8-49

19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27-, 1949 to 4-7-, 1949, that I last saw the deceased alive on 4-7-, 1949, and that death occurred at 2.00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Fenton S. Carlin M. D.

23b. ADDRESS Union Memorial Hospital

23c. DATE SIGNED 4-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-12-49

24c. NAME OF CEMETERY OR CREMATORY Black Rock

24d. LOCATION (City, town or county) (State) Butler Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR AND ADDRESS J. M. Brooks, Sparks, Md.

VS 150

137a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and fully.

673-05

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673-05
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Loran C. Watts

2. DATE OF DEATH: April 6-1949

3. PLACE OF DEATH: A Baltimore City, Maryland — Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1834 N. Washington St.

c. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1834 N. Washington St.

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: OCT. 7, 1890
9. AGE (In years last birthday) / If under 1 Year: Months Days / If under 24 Hours: Hours Min.: 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motion Picture Machine Operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indianapolis Ind.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William L. Watts
14. MOTHER'S MAIDEN NAME: Elenora Robinson.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Claude Watts — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis acute
DUE TO
(B) Coronary arteriosclerosis ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8 '49 to April 6 '49, that I last saw the deceased alive on April 6, 1949 and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas Douglas M. D.
23B. ADDRESS: 7001 E. Pratt St
23C. DATE SIGNED: 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: APRIL 8/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): NORLINA, N.C.,

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Flynn & Fleming — ADDRESS: 426 Light St.

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and forcibly.

G73206

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949

G73206

Registered No.

1. NAME OF DECEASED (Type or Print) Loretta T. Buberl

2. DATE OF DEATH Apr 4-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Post

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2203 Ashland Ave

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2203 Ashland Ave

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 28-1894
9. AGE (In years last birthday) 54
If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore. Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Bernard. C. Buberl
14. MOTHER'S MAIDEN NAME Jennie Singer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Regina G. Teentjer ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Brain Tumor

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949, *to* April 4, 1949, *that I last saw the deceased alive on* April 3, 1949, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE J. H. Goodman M. D.
23B. ADDRESS 3400 S Bch S
23C. DATE SIGNED 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Apr. 8-49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949
REGISTRAR'S SIGNATURE Hunting for Williams, M.D.
25. FUNERAL DIRECTOR J. B. Shippert & Son ADDRESS 542 1300 Eutaw Pl. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and forcibly.

G73207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170 G73207
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE MAY BLANKLINE

2. DATE OF DEATH APRIL 7, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 323 S. Payson Street
c. Length of stay in Baltimore Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3235 Payson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
FEMALE	White	SINGLE	July 27 1883	65	8	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FLOOR LADY	Retired	MARYLAND	U. S. A

13. FATHER'S NAME GEORGE BLANKLINE
14. MOTHER'S MAIDEN NAME ANNIE M. ROTE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No NONE	NONE	John E. BLANKLINE	323 S. Payson St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of right breast with metastasis to right Axilla and Chest — 1½ Yr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1948 *to* April 7, 1949 *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	M. D.	23B. ADDRESS	23C. DATE SIGNED
Alfred Cole		1934 Wilkens Ave	4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-11-49	Loudon PARK	BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949	Acting for Williams, M.D.	GEORGE L. Schwab	2101 Frederick Ave

VS 150

50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73-08

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44 ✓

Registered No. G73-08

1. NAME OF DECEASED (Type or Print): FRANK J. SEBALD

2. DATE OF DEATH: APRIL 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 107 W. 27th ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
107 W. 27th ST. BALTIMORE, MD.
C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
D. STREET ADDRESS (If rural give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED	APRIL 2, 1900	49	0 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	City of BALTIMORE	BALTIMORE, MD	U.S.

13. FATHER'S NAME: FRANK J. SEBALD

14. MOTHER'S MAIDEN NAME: ELIZABETH BURKHOLZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		—	MRS. ETHEL SEBALD	107 W. 27th ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 15, 1947 *to* April 4, 1949, *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 11 55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lloyd R. Saylor M.D.	3902 Greenmount Ave	April 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/8/49	London Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949	Dentie for Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.

VS 150

121a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Physician: please write the cause of death clearly and legibly. Exact age is especially important.

G73.09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G73.09

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK GLEITSMAN

2. DATE OF DEATH 4-5-49

3. PLACE OF DEATH:
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOS. HOSP.

c. Length of stay in Baltimore Yrs. 68 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 8 C 4
D. STREET ADDRESS (If rural, give location) 3422 RAVENWOOD AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If year: last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	WID.	3-F-81	68		25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTO. MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernst Gleitsman

14. MOTHER'S MAIDEN NAME Louisa Regier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-01-0383

17. INFORMANT ADDRESS (Street and No. or R.F.D. No., City or Town, State) Mrs Ferdinand Rosenwald Rosenwald Apts

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO Dissecting aneurysm of aorta	4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO Arteriosclerotic heart disease and hypertensive cardio-vascular disease	over 5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) —	—

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2 1949 *to* 4-5 1949 *that I last saw the deceased alive on* 4-[illegible] 1949 *and that death occurred at* 12'5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE J. Joseph Kreyer M.D. 23B. ADDRESS 1401 N. Caroline St 23C. DATE SIGNED 4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4-8-49 24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem 24D. LOCATION (City, town or county) (State) Gardenview - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 8 - 1949

REGISTRAR'S SIGNATURE Thurlow for Williams M.D.

25. FUNERAL DIRECTOR John C. Miller Jr. ADDRESS 2435 E. Oliver St

VS 150

301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not write the cause of death clearly and legibly. Physician: please write exact age is especially important.

G73210

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

G73210

Registered No.

1. NAME OF DECEASED (Type or Print): LOUIS BARKIN

2. DATE OF DEATH: 4-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home

c. Length of stay in Baltimore: 55 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2119 E. Pratt Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married M	1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Russia	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Reuben Barkin ADDRESS: 4106 Norfolk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6 19 47, *to* 4-8 19 49, *that I last saw the deceased alive on* 4-8, 1949, *and that death occurred at* 12½ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benny Nagel M. D. | 23B. ADDRESS: Levindale Home | 23C. DATE SIGNED: 4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-8-49	Zemech Zedek Cong	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949

REGISTRAR'S SIGNATURE: Thurston Williams, M.D.

25. FUNERAL DIRECTOR: Sol. Levinson & Bros ADDRESS: 1124 W North Ave

VS 150

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the cause of death clearly and legibly. Physician's please write the correct age is especially important.

G73211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

G73211

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) Mary Pawlowski

2. DATE OF DEATH April 5/49

3. PLACE OF DEATH:
A. Baltimore City, Md. 1621 Cereal St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) -

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, not institutional residence before admission)
A. STATE 1621 Cereal St
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write in EXT. and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1621 Cereal St.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed
8. DATE OF BIRTH
9. AGE (In years) (If under 1 Year: Months, Days, Hours, Min.) 88

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10B. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Poland.

12. FATHER'S NAME John Tsorzezinski
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Lottie Kaszubinski 1621 Cereal St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
I (A) Carcinoma of skin of face
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street address)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Nov. 15 1948 to April 5 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 9P M., from the causes and on the date stated above.

23A. SIGNATURE Henry R. Schlerf M.D.
23B. ADDRESS 4700 Fleming Ave.
DATE SIGNED April 7 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 9/49
24C. NAME OF CEMETERY OR CREMATORY Holy Cross
24D. LOCATION (City or County) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR APR 8 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Fred W. Ozarzenski
ADDRESS 930 Eastern Ave
53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type or write the cause of death clearly and forcibly. Correct age is especially important. Physician: please write

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

BIRTH NO. 673-12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4341 Registered No. 673-12

1. NAME OF DECEASED (Type or Print): JULIA SMITH

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1500 McCullogh Street
C. Length of stay in Baltimore: 10 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1500 McCullogh Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Single	Dec 10, 1910	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dressmaker	Dressmaker	Summerton, S. C.	U. S. A.

13. FATHER'S NAME: Wilson Smith
14. MOTHER'S MAIDEN NAME: Ethel Tindall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		—	Evelyn Jones Clark	1119 Madison Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complications which caused death.)
(A) Acute congestive cardiac failure
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]
—	—	

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
— m.		—

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Geo. H. Merrill M.D.		4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/10/49	Summerton, S. C.	Summerton S. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949	Emmitt S. Williams, Jr.	Charles H. Hoffler	512 N. Capitol Ave.

VS 151

93E

G73-13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193 Registered No. G73-13

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Papas

2. DATE OF DEATH: APR 5 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 608 S. Oldham St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	9-26-01	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fleetworker

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Papas

14. MOTHER'S MAIDEN NAME: Emily Tsitribinis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) GLIOBLASTOMA MULTIFORME RIGHT FRONTAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: APR. 3, 1949

19B. MAJOR FINDINGS OF OPERATION: INFILTRATING GLIOBLASTOMA, RT. FRONTAL LOBE

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25- 1949, *to* 4-5 1949, *that I last saw the deceased alive on* 4-5, 1949 *and that death occurred at* 2 45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Green M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: Apr 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-8-49

24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery

24D. LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949

REGISTRAR'S SIGNATURE: Thurlow Williams, M.D.

25. FUNERAL DIRECTOR: Lambros Inc ADDRESS: 440 E. North ave

VS 150

54a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1948 Registered No. G73214

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Raymond Edward Lentz

2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH: A. Baltimore City, Marylan

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4120 Mary Ave

C. Length of stay in Baltimore: 63 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4120 Mary ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30-1885
9. AGE (In years last birthday): 63 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lestman
10B. KIND OF BUSINESS OR INDUSTRY: C+P. Telephone Co
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Lentz
14. MOTHER'S MAIDEN NAME: Catherine Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: Mrs. Theresa Burger Lentz

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis.

DUE TO

(B) Squamous Cell Carcinoma

DUE TO

(C) Antecedent Conditions.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Oct 1948

19A. DATE OF OPERATION: Oct. 1948
19B. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19 1948 *to* April 5 1949, *that I last saw the deceased alive on* April 5 1949, *and that death occurred at* 10:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis F. Krumrein KRUMREIN M. D.
23B. ADDRESS: 722 N. Kenwood ave
23C. DATE SIGNED: April 8 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 9-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE: Cynthia Lee Williams, M.D.
25. FUNERAL DIRECTOR: George L. Berger Jr
ADDRESS: 1512 Hollins St.

VS 150

47c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician, please write the cause of death clearly and legibly.

DOA 673-15

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 76 673-15

BIRTH NO. B.C. 49-09597

1. NAME OF DECEASED (Type or Print): Baby Boy Czyzyca "A"

2. DATE OF DEATH: 4-7-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore; D. STREET ADDRESS (If rural, give location) 5198 Rose St

9. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. / Mos. / Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White		April 7, 49		-1-	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: Casmir Czyzyca

14. MOTHER'S MAIDEN NAME: Mary Rozakowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) prematurity
DUE TO
(B) CERTIFICATION APPROVED BY
DUE TO
(C) H. L. Mencell M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7, 1949, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Oldhamus M. D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: APR 9 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary | 24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949 | REGISTRAR'S SIGNATURE: [illegible] | 25. FUNERAL DIRECTOR: Fred W Ogg & Son | ADDRESS

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

D.O.A.
673-36

✓ 176 G73236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 49598 — Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Czyryca "B"
2. DATE OF DEATH: 4-7-49
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore; D. STREET ADDRESS (If rural, give location) 5198 Rose St
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday): If under 1 Year — Months; Days: 1; If under 24 Hours — Hours; Min.
c. Length of stay in Baltimore: Yrs. Mos. Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Casimir Czyryca
14. MOTHER'S MAIDEN NAME: Mary Bzdakowski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) prematurity
DUE TO
(B) CERTIFICATION APPROVED BY
DUE TO
L. G. Merrill M. D.
(C) CHIEF OR ASST. MEDICAL EXAMINER.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7-, 1949, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1½ P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 8/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Fred W. Ogazewski — ADDRESS: 1930 Eastern Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 150

159

a. 6736-17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6736-17

Registered No. 2698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ella Martha Price

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 616 N. Mount St.
C. Length of stay in Baltimore: 78 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16
D. STREET ADDRESS (If rural, give location): 616 N. Mount St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Widow	Dec. 12 1870	78	6 / 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME: Eugene Travers

14. MOTHER'S MAIDEN NAME: Caroline Dyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr. George Price	616 Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10-1947 *to* 7-5-1949, *that I last saw the deceased alive on* 4-5-1944, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mary L. Saunders M. D.	1029 N. Stricker St.	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 8, 1949	Mt. Auburn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Geo. A. Holland — ADDRESS: Druid Hill Ave.

VS 150

92E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to get correct age if especially important. Physician: please write the cause of death clearly and legibly.

G73218 ✓ G73218

BIRTH NO. B.C. 48-110-80

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5 00

1. NAME OF DECEASED (Type or Print): TIMOTHY D. RADFORD

2. DATE OF DEATH: 4-6-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME HOSP.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1703 GOUGH ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	SINGLE	5/15/1948		10 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MARYLAND	U.S.A.

13. FATHER'S NAME: DAVID RADFORD
14. MOTHER'S MAIDEN NAME: CAROLYN ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	NONE	NONE	DAVID RADFORD	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) massive atelectasis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) ante bacteriostenosis — DUE TO — 4 days
(C) — DUE TO —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 2, 1949, *to* Apr. 6, 1949, *that I last saw the deceased alive on* Apr 5, 1949, *and that death occurred at* 11:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo D. Lilly M.D.	732 S. Patterson Park Av	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6/9/1949	HOLY REDEEMER	BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 1949		Lilly & Zeiler Inc.	403 S. WOLFE ST.

Vs 150

106a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct ago is especially important. Physicians: please write the cause of death clearly and legibly.

G73219

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 447

G73219
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Use ditto marks (") only when they will save time and space. Do not write the cause of death clearly and legibly. Physician: please write correct age in years, months, days, hours, or minutes, whichever is especially important.

1. NAME OF DECEASED (Type or Print) John Harris

2. DATE OF DEATH April 5th, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon-Wood-Ka Nursing Home 1317 Madison Avenue
C. Length of stay in Baltimore: Yrs. 20 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1561 Richland Street 13-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	C.	Single	May 1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Dan Harris
14. MOTHER'S MAIDEN NAME Anna Bozer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Arthur Harris ADDRESS 1561 Richland St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) "Cardio-Vascular-Renal

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Disease, "Edema, Generalized.
DUE TO (C) Hypertension.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3/10, 1949 *to* 4/5, 1949 *that I last saw the deceased alive on* 4/5, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE M. L. Jackson M. D.
23B. ADDRESS 600 N Arlington Ave
23C. DATE SIGNED 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-9-49
24C. NAME OF CEMETERY OR CREMATORY Mount Calvary
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 8 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS George G. Kelson - 1303 Pressman St.

VS 150

131a

673220

BIRTH NO. 673220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

445 Registered No.

1. NAME OF DECEASED (Type or Print): Rosella Hopkins

2. DATE OF DEATH: April 8 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Balto city
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1526 N. Bruce St
B. COUNTY: Balto md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto md
D. STREET ADDRESS (If rural, give location): 1526 N. Bruce St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C	married	Feb 21 1905	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Balto md	

13. FATHER'S NAME: William Wise

14. MOTHER'S MAIDEN NAME: Lottie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			James Hopkins	1516 N. Bruce St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Probable intraventricular hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B) malignant Hypertension
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
0	0	0

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 3 1949, *to* April 8, 1949, *that I last saw the deceased alive on* April 8, 1949, *and that death occurred at* 2 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank E Brunbach M. D.	University Hospital	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-12-49	Mt Auburn.	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		George D. Nelson	1303 Pennsylvania Ave

VS 150

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and forcibly.

673221

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673221

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LAURA BENNETT

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1711 Druid Hill Avenue 1-4-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Single	2-21-49	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never worked, retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henretta Cook - 1029 Bonitty Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis Degeneration
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inst. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/7/49
24C. NAME OF CEMETERY OR CREMATORY: Pt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: A. J. Halstead
ADDRESS: 918 Druid Hill Ave.

VS 151

G73-22 BALTIMORE CITY HEALTH DEPARTMENT E-983.5 G73222

BIRTH NO. BC ML 1854 **CERTIFICATE OF DEATH** Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type X correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)	LAURENCE	DARRELL N-99	2. DATE OF DEATH April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 204 N. Greene Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	10-27-1944	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence C. Darrell	Pauline Crisp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Mrs. Paul Eubanks	204 N. Greene St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Asphyxiation

DUE TO strangulation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21A. EXTERNAL CAUSE: WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Public-street	Parking lot Rear of: 224 N. Paca Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 5, 1949 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK X	Strangled

22. *I certify that I took charge of the remains described above, held on* Autopsy *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Earl F. Moyer M.D.		4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/9/49	Holy Cross	Rutenic - Highway

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949	[illegible] Williams, M.D.	J. Fahey Hand	318 Light St

VS 151

168

G73-23

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

570

5 G73-23

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Richard Trainer or (Triner)

2. DATE OF DEATH 4-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland COUNTY

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 1713 Druid Hill Ave

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept. 2, 1882

9. AGE (In years last birthday) 66

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10B. KIND OF BUSINESS OR INDUSTRY Store

11. BIRTHPLACE (State or foreign country) Balt. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Herbert L. Jones ADDRESS 2037 Madison Ave

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction

DUE TO

(B) Generalized Peritonitis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 4-4- 1949, *to* 4-7- 1949 *that I last saw the deceased alive on* 4-7- 1949 *and that death occurred at* 2 30 P *m. from the causes and on the date stated above.*

23A. SIGNATURE L. E. Brady, Jr. M. D.

23B. ADDRESS President Hospital

23C. DATE SIGNED 4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/11/1949

24C. NAME OF CEMETERY OR CREMATORY W. Auburn

24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR APR 8 - 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Wm. George W. Holland ADDRESS 631 Druid Hill Ave.

VS 150

122B

673[illegible]

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E774.7673[illegible]

Registered No.

1. NAME OF DECEASED (Type or Print): SAMUEL A. NUSBAUM N-991

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
c. Length of stay in Baltimore: Yrs. - Mos. - Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4721 Park Heights Ave. 27-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Nov. 7, 1884	64 yrs.		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	Western Md. R. R.	Carroll Co., Md.	

13. FATHER'S NAME: John Nusbaum

14. MOTHER'S MAIDEN NAME: Amelia Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-7168

17. INFORMANT: Mrs. Virginia Nusbaum ADDRESS: 4721 Park Hgts.Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO

(B) Strangulation

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): nursing home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Colonial Nursing Home, 4506 Sorrento Ave

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 7 49 8a.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Strangled self by bathrobe cord tied to bed post.

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: April 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/49	Baust Church Cem.	Carroll Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949

REGISTRAR'S SIGNATURE: [signature] Registrar for Baltimore, Md.

25. FUNERAL DIRECTOR: M. J. FICKNER & SONS ADDRESS: Balto., Md.

VS 151

164a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73225

Registered No. 100

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALBERT KISSLING

2. DATE OF DEATH: Apr. 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2311 Harlem Ave.

C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2311 Harlem Ave.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Dec. 14, 1872

9. AGE (In years last birthday): 76 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt (Retired)

10B. KIND OF BUSINESS OR INDUSTRY: American Ice Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Kissling

14. MOTHER'S MAIDEN NAME: Louise ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 214-01-5185

17. INFORMANT: Mrs. Glen E. McCahan

ADDRESS: 4217 Eastview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

b)

DUE TO

c) Gangrene toes Rt foot — 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1947, *to* Apr 6, 1949, *that I last saw the deceased alive on* Apr 6, 1949, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. Mendelis M. D.

23B. ADDRESS: 651 N Bentalou

23C. DATE SIGNED: 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/9/49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician please write the cause of death clearly and legibly.

VS 150

927

673226 E851.8 673226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

1. NAME OF DECEASED (Type or Print): George Reoch N-990
2. DATE OF DEATH: April 4, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
   B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found drowned Patapsco River mouth of Curtis Bay
   C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 1512 Mt. Royal Ave.
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 26, 1904
9. AGE (In years last birthday): 44 — If under 1 Year: Months 11, Days 8; If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Steward
10B. KIND OF BUSINESS OR INDUSTRY: S.S.Coral Sea
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George P. Reoch
14. MOTHER'S MAIDEN NAME: Agnes Winter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William Reoch, ADDRESS: 123 Brentwood Rd. Toronto, Canada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury, or complication which caused death.) (A) Probable drowning

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): River
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found Patapsco River mouth of Curtis Bay
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): ? m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] ?
21F. HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: Apr. 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 4/9/49
24C. NAME OF CEMETERY OR CREMATORY: North Bay
24D. LOCATION (City, town, or county) (State): North Bay, Ontario, Canada

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

VS 151

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✓ G73227

BIRTH NO. G73227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 420.0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and forcibly.

1. NAME OF DECEASED (Type or Print): Mr. Joseph Bernard Fitzpatrick

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3011 Cresmont St., Balto.-11 Md.

5. SEX	6. COLOR	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	3/19/1874	75	0 / 9	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Fitzpatrick

14. MOTHER'S MAIDEN NAME: Bridget Donellan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Theresa Fitzpatrick ADDRESS: 3011 Cresmont Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage.
DUE TO
(B) Generalized Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arterio sclerotic and Diseased Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/4, 1949, *to* 4/7, 1949 *that I last saw the deceased alive on* 4/7, 1949, *and that death occurred at* 11:40 AM., *from the causes and on the date stated above.*

23A. SIGNATURE: Ray Chesney Jr. M.D.

23B. ADDRESS: 1400 N. Caroline Street

23C. DATE SIGNED: 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Apr. 9 1949

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 1949

REGISTRAR'S SIGNATURE: Courtney Williams, M.D.

25. FUNERAL DIRECTOR: Henry W. Jenkins & Sons

ADDRESS: 4905 York Rd

929

G73228 ✓ G73228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martha E. Morgan

2. DATE OF DEATH: 6 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 509 Radnor Ave.

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 509 RADNOR AVE

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Aug. 2, 1875
9. AGE (In years last birthday): 73 — If Under 1 Year: Months 8, Days 4 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH A. MORGAN
14. MOTHER'S MAIDEN NAME: JOSEPHINE C. JACKSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: EDITH F. MORGAN — ADDRESS: 509 RADNOR AVE BALTO. 12, MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE (NOT) PRIMARY ☐ OR CONTRIBUTING ☐
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Hammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 6 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-8-1949
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE: Printing for Williams, M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4909 YORK RD. BALTO., MD.

937

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician, please write the cause of death clearly and legibly.

B 2776 G73229 BALTIMORE CITY HEALTH DEPARTMENT G73229
BIRTH NO. B.C. 49-2776 CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Baby Anna Marie Marshall
2. DATE OF DEATH April 8 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 203 Dallas Court
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 203 Dallas Court
C. Length of stay in Baltimore 3 Mo. II Days. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 203 Dallas Court Balto. M.d.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 203 Dallas Court.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Female	White	Single

8. DATE OF BIRTH Dec. 28. I948.
9. AGE (In years last birthday) If Under 1 Year: Months 3 Days II; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. M.d.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Steven Marshall.
14. MOTHER'S MAIDEN NAME Emma Fioritta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Steven Marshall 203 Dallas Court. (Father).

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Hemorrhage due to
(B) Tuberculous Broncho pneumonia due to
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) Instan
(B) 3 Wks.
(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1949, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE John V. Kerschbaum M.D.
23B. ADDRESS 1802 Eastern Ave
23C. DATE SIGNED 4-8-49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/8/49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Belair Rd. & Moravia Ave.

DATE RECEIVED BY LOCAL REGISTRAR APR 8 1949
REGISTRAR'S SIGNATURE [illegible] Wm. Williams, M.D.
25. FUNERAL DIRECTOR Frank Pellegrino
ADDRESS 322 S. High St.

VS 150

120

G73230 ✓151 G73230

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and legibly. Be sure that all items are complete and correct are especially important.

1. NAME OF DECEASED (Type or Print): Josephine Wrzesinski

2. DATE OF DEATH: April 5 1949

3. PLACE OF DEATH:
A Baltimore City, Maryland 911 Fell Street
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C Length of stay in Baltimore: Yrs. 61 Year, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 911 Fell Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 1 1863
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Michael Makowski
14. MOTHER'S MAIDEN NAME: Frances Pawlak
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Theresa Dowgillo ADDRESS: 911 Fell Street 49

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4/2 - 4/5
DUE TO
(B) Pneumonia & Pancreas July 1. 48
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 645P.M. from the causes and on the date stated above.

23A. SIGNATURE: William Rysavek M. D.
23B. ADDRESS: 807 N. Kenwood Ave
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/9/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto. County Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 1949
REGISTRAR'S SIGNATURE: Signature for Williams M.D.
25. FUNERAL DIRECTOR: John M. Weber
ADDRESS: 401 S. Chester St Balto. 31 Md.
467

4108 Liberty Heights

673231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673231

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Ellen G. MacEachern

2. DATE OF DEATH April 6-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3413 Devonshire

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3413 Devonshire Drive

5. SEX Female

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct 17-871

9. AGE (In years last birthday) 71 yrs

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) ?

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Mrs B. Ellias ADDRESS 3413 Devonshire Drive

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and correct age is especially important.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Primary Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

(B)

DUE TO

(C) Hyper-tensive Heart Disease — 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION Sept. 1948

19B. MAJOR FINDINGS OF OPERATION Carcinoma Stomach - Metastasis to Liver

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 23, 1948, *to* April 6, 1949, *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 11.45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Earl L. Chambers M. D.

23B. ADDRESS 4108 Liberty Hts. Ave

23C. DATE SIGNED 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 9-1949

24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.

24D. LOCATION (City, town, or county) Old Frederick Rd

(State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 8-1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Joseph. KASINS KASINS

ADDRESS 602 Wash Blvd

462

G73232 ✓ G73232

BIRTH NO. 3 3 1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Hattie Tilghman

2. DATE OF DEATH: April 7 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2313 E. Fayette St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 1 Year (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Arkansas
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bate.
D. STREET ADDRESS (If rural, give location): 2313 E. Fayette St

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 26 - 1875
9. AGE (In years last birthday): 73 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jessie W. Tucker
14. MOTHER'S MAIDEN NAME: Elizabeth Gage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. Nona Bechtel ADDRESS: 2313 E. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4/4 - 7 da
DUE TO
(B) Arteriosclerosis — ?
DUE TO
(C) Hypertension — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5th, 1949 to April 7th, 1949 *that I last saw the deceased alive on* 4/5, 1949, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B ADDRESS: 100 N Mulberry
23C. DATE SIGNED: 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Apr 8/49
24C. NAME OF CEMETERY OR CREMATORY: Pine Bluff
24D. LOCATION (City, town or county) (State): Ark.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Philip Henry's Sons
ADDRESS: 2016 E. Oriole St

VS 150

Pet - 2219 (W - 5547)

83a 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73333

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 978.7 G73333

Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH FRIEDMAN N-878

2. DATE OF DEATH April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Sinai Hospital

C. Length of stay in Baltimore 68 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 607 Whitlock Street 13 C 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married	8/7/1881	68		

M.A.T.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance		Lewiston, Maine	U.S.A.

13. FATHER'S NAME
Faibel Friedman

14. MOTHER'S MAIDEN NAME
Fanny Goodman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO
?		

17. INFORMANT ADDRESS
Mrs. Hattie K. Friedman, 607 Whitelock St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest
Due to Fracture right femur
Fracture right humerus.
Fracture left clavicle
Due to Multiple abrasions.
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	hospital	Sinia Hospital, Monument & Rutland Aves.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
4 8 49 715 a m.			Jumped from ~~third~~ sixth floor window

over

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	4/10/1949.	Baltimore Hebrew	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 8 - 1949	Huntington Williams, M.D.	Hanna Lonsdale & Son 1902 Eutaw Place.

VS 151

164E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. Physician: please write the cause of death clearly and correct age is especially important.

G73234 G73234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert N Ford

2. DATE OF DEATH Apr. 7 49

3. PLACE OF DEATH: A. Baltimore City, Maryland 414 N 29 St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 414 N 29th St 12-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White		Jan 17 1883	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Conductor	Penn. Rail Road	Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert N Ford	Agnes Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Robert Ford Jr	3902 Colchester Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
DUE TO
(B) Cardio-Renal-Vascular Disease — 2 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 30, 1949, *to* April 7, 1949 *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J H Gilcare M.D.	617 W. 40th St	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 11-49	Woodlawn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 1949	[illegible]	Frank H Sek & Co	1136 E St

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physician: please write the cause of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully s... correct age is especially important. Physician please write the cause of death clearly and l...bly.

G73235

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

606

Registered No. G73235

1. NAME OF DECEASED (Type or Print): ALICE E. NEESEMANN

2. DATE OF DEATH: Apr. 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3901 N. Charles St.
C. Length of stay in Baltimore: Yrs. Mos. Days: life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3901 N. Charles St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
female	white	widow	March 15, 1870	79 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-		Baltimore, Md.	

13. FATHER'S NAME: John Dear

14. MOTHER'S MAIDEN NAME: Margaret Merryman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-		Mr. Carroll J. Neesemann	3901 N. Charles

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio vascular renal disease
DUE TO
(B) Pneumonia
DUE TO
(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
-		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-23, 1949 *to* 4-6, 1949 *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. L. Ewald M.D.	36 Park Court	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or county) (State)
Burial	4/9/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949	[illegible]	WILLIAM J. TICKNER & SONS	Balto., Md.

121a

G73236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73236

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IDA CHILDS ALLEN

2 DATE OF DEATH APRIL 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3509 N. Calvert St.

c. Length of stay in Baltimore 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3509 N. Calvert St.

5. SEX	6 COLOR OR RACE	7, SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
female	white	married	May 16, 1877	71 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
housewife		Baltimore Co., Md.	

13 FATHER S NAME William E. Childs

14 MOTHER S MAIDEN NAME Mary J. Lansey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no		no	Mr. Martin P. Allen	3509 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — Interval between onset and death: 1 hour
DUE TO
(B) Arterio sclerotic Cardio-Vascular disease — 10 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension Vascular disease

19A. DATE OF OPERATION — 19B MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* March, 1946, *to* April, 1949, *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
John M. Scott M. D.	8 Longwood Road	April 8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/9/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 8 1949		WILLIAM J. TICKNER & SONS	Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. Physician's correct age is especially important. Please write the cause of death clearly and legibly.

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929

G732237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G732237 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): IDA S. DIEHL

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A Baltimore City, Maryland

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2803 Garrison Blvd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3406 Duvall Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Oct. 26, 1877
9. AGE (In years last birthday): 71 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Baltz
14. MOTHER'S MAIDEN NAME: Mary Gehle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: nc
17. INFORMANT: Mr. George S. Diehl, Jr. ADDRESS: 1616 Chilton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Apoplexy due to Hypertension 4 yrs
DUE TO
(B) Cardio-Vascular Renal Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 19 48 *to* 4/7/49, 19 , *that I last saw the deceased alive on* 4/7/49, 19 , *and that death occurred at* 3-30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. D.
23B. ADDRESS: 3033 W North Ave
23C. DATE SIGNED: 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: [illegible] FISCHER & SONS ADDRESS: Balto., Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the cause of death clearly and legibly.

121a

G73238 ✓ x G73238

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 584 Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Emma Underwood

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
c. Length of stay in Baltimore: Yrs. ( ) Mos. ( ) Days 3 days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Rural - Sykesville
D. STREET ADDRESS (If rural, give location): Oakland Mills Road.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 4 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months ( ) Days ( )
If Under 24 Hours: Hours ( ) Min. ( )

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: ? - Hutsonian
14. MOTHER'S MAIDEN NAME: Martha Black
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service):
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mrs. Helen Melville ADDRESS: Sykesville Md

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Shock
DUE TO
(B) Operation
DUE TO
(C) Hemorrhage - Common duct obstruction

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Arteriosclerosis - Pos. Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4/7/49
19B MAJOR FINDINGS OF OPERATION: Gall stones - Inflammatory Mass - Hepatomegaly
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ( ) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1949 *to* April 7, 1949 *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 10:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: D. L. Mahler M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 11, 1949
24C. NAME OF CEMETERY OR CREMATORY: East Harrisburg
24D. LOCATION (City, town, or county) (State): Harrisburg Pa.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. Harry Weer ADDRESS: Sykesville, Md.

46F

Dr. G73239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

G73239 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Kathryn Ortt

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2608 Evergreen Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2608 Evergreen Avenue

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widowed	Aug. 17, 1864	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	

13. FATHER'S NAME: Frederick Dierken

14 MOTHER'S MAIDEN NAME: Elizabeth Girding

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS
		Mr. George Ortt, 2608 Evergreen Ave

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. Item 18 is especially important. Physicians: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — Interval between onset and death: 2 days

DUE TO

(B) Arterial Hypertension — Interval between onset and death: Unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21-, 1949, *to* 4-6-, 1949, *that I last saw the deceased alive on* 4-6-, 1949, *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
C. W. Peake M. D.	4508 Harford Road	4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-9-49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
APR 8 - 1949	for Williams, MD	Leonard J. Ruck, 5305 Harford Road.

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82a

G73240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 51 G73240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): John E. Teal

2. DATE OF DEATH: 4/6/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 751 Bartlett Ave.
C. Length of stay in Baltimore? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 751 Bartlett Ave.

5. SEX: M.
6. COLOR OR RACE: W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED
8. DATE OF BIRTH: May 19, 1874
9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. Teal
14. MOTHER'S MAIDEN NAME: Rachiel Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
(A) Malignancy - Stomach — Interval between onset and death: about yr.
DUE TO
(over)
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Asthma + Chronic Nephritis — 8 mos.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* April 6, 1949 *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. Eckstein M.D.
23B. ADDRESS: 443 Ers Ave St
23C. DATE SIGNED: April 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/9/49
24C. NAME OF CEMETERY OR CREMATORY: FORK M.E.
24D. LOCATION (City, town, or county) (State): FORK, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 8 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR | ADDRESS: M. FAHEY + SONS 1827 W. NORTH AVE

46 L

Dr. A. Geary.

G7321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G7321

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Antoinette Rivec

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimo

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2726 Mura St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimo
D. STREET ADDRESS (If rural, give location): 2726 Mura st

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed	April 5, 1890	59	1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerome Vasich	Emma Rich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Frank Rivec	2726 Mura st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ hour

DUE TO

(B) Hypertensive Cardio Vas Renal Disease ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10 1948 *to* April 6, 1949, *that I last saw the deceased alive on* Apr. 5, 1949, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph Sweeney M.D. M. D.	2200 E Madison St	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-9-49	Holy Redeemer	Baltimo Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 8 - 1949		Frank Corrado Sons	900 Gilmor

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

1210

G73242 420-1 G73242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 73242

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): S. LOUISE HOPKINS

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 732 W. North Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 732 W. North Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Feb. 11, 1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore, Md.	-

13. FATHER'S NAME: John Wesley Johnson

14. MOTHER'S MAIDEN NAME: Sophia Collett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Lillia M. Search, 1837 Bolton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Thrombosis	short
DUE TO		
ANTECEDENT CAUSES	(B) Cardio Vascular Renal Disease	Long
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C) (Found dead in home)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* Apr., 1949 *that I last saw the deceased alive on* March, 1949 *and that death occurred at* ? *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1901 Eutaw Place	4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 9, '49	Woodlawn Cem.	Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Apr. 9, '49	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

DOCTOR'S NAME - J. D. CULVERHOUSE

131-A.

B-73243 ✓ B-73243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 73243

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Enbank ANNIE J Gosnell 443X
2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Men and Womens Home 1400 W. Lexington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1400 West Lexington Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Single	12.5.1866	82	4	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Francis M. Gosnell
14. MOTHER'S MAIDEN NAME: Louisa Underwood
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or service):
16. SOCIAL SECURITY NO: —
17. INFORMANT: Mrs. L. H. Read Supt. ADDRESS: 1400 W. Lexington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis, Hypostatic Pneumia — Interval between onset and death: Several Years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B) Arteriosclerotic Hypertensive Cardio-Vascular Disease
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1949, *to* April 7, 1949, *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Maryland Edward Day M. D.
23B. ADDRESS: 4-E-33rd St -18
23C. DATE SIGNED: April 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4.9.1949	Baltimore	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: April 9, 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: William Cook, Inc. ADDRESS: 1217 St. Paul Street

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician please write the cause of death clearly and legibly.

G732-44

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G732-44

1. NAME OF DECEASED (Type or Print) JOHN Wm COLLINS

2. DATE OF DEATH April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1411 Linden Avenue 14-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	June 26th 1857	91 91	9	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Rockingham Co. N. Car.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Collins
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
16. SOCIAL SECURITY NO 203-20-4826
17. INFORMANT Evelyn Carroll ADDRESS 960 Dixon Ave Carey

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE George A. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED 4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/9/44	St. Peters	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 9 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

VS 151

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73245

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73245

Registered No.

1. NAME OF DECEASED (Type or Print) Herman Shipley Larrimore

2. DATE OF DEATH Thurs. April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 854 McAleer Court

c. Length of stay in Baltimore: About 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10 07
D. STREET ADDRESS (If rural, give location) 854 McAleer Court

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Black	Married	Oct. 14, 1872	76	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Street Railway Conductor for Baltimore Transit

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rufus Larrimore

14. MOTHER'S MAIDEN NAME Mary Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Roxie Dukes Larrimore (Same) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Roxie)

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arthritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 2, 1949 *to* Apr. 7, 1949 *that I last saw the deceased alive on* Apr. 5 1949 *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE Dorsey Lankford M.D.

23B. ADDRESS 441 S. Ellwood Ave

23C. DATE SIGNED 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Mon. Apr. 11, 1949

24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 9 - 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR C. Howard Evans ADDRESS 1400 S. Charles St Baltimore 30, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correctly recorded. The cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

73246

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-05501 — CERTIFICATE OF DEATH — Register No. 73246

1. NAME OF DECEASED (Type or Print): Raymond Norman Driver Jr

2. DATE OF DEATH: 3/14/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: Yrs. — Mos. — Days 5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 37 Back River Rd

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/9/49
9. AGE (In years last birthday) | If Under 1 Year: Months | Days: 5 | If Under 24 Hours: Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N'Born Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Raymond Norman Driver
14. MOTHER'S MAIDEN NAME: Helen Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Helen Driver — ADDRESS: 37 Back River Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coma due to
(B) Pulmonary Atelectasis due to
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 9th, 1949 *to* Mar 14th, 1949, *that I last saw the deceased alive on* Mar 14th, 1949, *and that death occurred at* 5:10 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Louis Jones M. D.
23B. ADDRESS: 1100 Druid Hill Ave.
23C. DATE SIGNED: 3/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Returned by Hospital Sdl
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

161a

G73247

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73247

Registered No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)	MARY EVELYN BELT
2. DATE OF DEATH	April 7, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	4747 Park Heights Ave.
C. Length of stay in Baltimore	20 yrs. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	4747 Park Heights Ave.
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Widow
8. DATE OF BIRTH	Aug. 4, 1873
9. AGE (In years last birthday)	5 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	-
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Greenburg D. Belt
14. MOTHER'S MAIDEN NAME	Catherine Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	no
16. SOCIAL SECURITY NO	no
17. INFORMANT / ADDRESS	Mr. Wilmer D. Belt 1529 E. 38th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma uteri

DUE TO

(B) Carcinoma

DUE TO

(C) w

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 7/28/47

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1947 *to* April 7, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 5:3 4. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John D. Gilbert M. D. | 23B. ADDRESS: 4803 Park Heights Ave | 23C. DATE SIGNED: April 8. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 4/9/49 | 24C. NAME OF CEMETERY OR CREMATORY: Grace Cem. | 24D. LOCATION (City, town, or county) (State): Hampstead, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1949 | REGISTRAR'S SIGNATURE: [illegible] | 25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md.

VS 150

486

G73248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73248 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Hugh M. Craig

2. DATE OF DEATH: 4-8-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL SARATOGA AND CALVERT STS.
c. Length of stay in Baltimore: ABT. 2 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D STREET ADDRESS (If rural, give location): 829 KINGSTON RD. Balto

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 11, 1900
9. AGE (In years last birthday): 48
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesmanager
10B. KIND OF BUSINESS OR INDUSTRY: Hamilton Beach Co.
11. BIRTHPLACE (State or foreign country): TOWNSHIP BALLYWEE, ANTRIM IRELAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID HAMILTON CRAIG
14. MOTHER'S MAIDEN NAME: SUSANNAH PATTERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: MARY CRAIG (WIFE) ADDRESS: SAME AD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) MYOCARDIAL DEGENERATION — INTERVAL BETWEEN ONSET AND DEATH: 4 mos
DUE TO
(B) CORONARY OCCLUSION — 4 mos
(C) Poss. CIRRHOSIS LIVER — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg. etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1949, to 4-8, 1949, *that I last saw the deceased alive on* 4-2, 1949 *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emmert P. O. Bowles M.D.
23B ADDRESS: Mercy Hospital
23C DATE SIGNED: 4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/9/49
24C NAME OF CEMETERY OR CREMATORY:
24D LOCATION (City, town, or county) (State): Linton, Ind.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1949
REGISTRAR'S SIGNATURE:
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 5 3

Registered No. G73249

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jennie M. Heysel

2. DATE OF DEATH 4/8 49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2433 Edmondson Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2433 Edmondson Ave

C. Length of stay in Baltimore 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 2433 Edmondson Ave B. COUNTY 70-C
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W		Dec 17. 1899	40	3	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	home	York Penn	

13. FATHER'S NAME Conrad W. Fink

14. MOTHER'S MAIDEN NAME Sally E Shetter.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Harry R. Heysel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

(B) Carcinoma of descending colon

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 7 months; 2 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1945	Carcinoma of descending Colon.	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January, 1948 *to* April 8, 1949 *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 8.45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Michle M. D.	1015 Poplar Grove St	April 8 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/49.	Loudon Park	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 9 - 1949	Acting for Williams, M.D.	Charles R. Towell	2427 Edmondson Ave

VS 150

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and fully.

G73250

JL - 2816

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73250

Registered No.

1. NAME OF DECEASED (Type or Print) August Rettman

2. DATE OF DEATH April 7, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) No Street Address

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Wid.	? ? 1871 ?	78 Y		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME John

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C) Generalized Arteriosclerosis
Lft. Middle Cerebral Thrombosis
Syringomyelia

INTERVAL BETWEEN ONSET AND DEATH
days
20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES Yes NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1937 *to* April 7, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 7.30pm., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.

23B. ADDRESS 4940 Eastern Ave.

23C. DATE SIGNED 4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4-11-49.	Schwartz's Cem.	O'Donnell St.

DATE RECEIVED BY LOCAL REGISTRAR APR 9 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 901 S. Conkling St.

VS 150

82

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. Do not write the cause of death clearly and legibly. Physician's please write especially important.

G73251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 175

Registered No. G73251

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS MARY EDELEN

2. DATE OF DEATH 4-8-49.

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSP.

C. Length of stay in Baltimore. 46 yrs Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 147 ENON ST #17

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	NEGRO	MARRIED	AUG 15 1883	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) GEORGIA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME JOHN SHEA

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) I

16. SOCIAL SECURITY NO

17. INFORMANT PATIENT ADDRESS

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physician: please write the cause of death clearly and forcibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
DUE TO
(B) OVARIAN CA — 2 MOS
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-28, 1949 *to* 4-8, 1949 *that I last saw the deceased alive on* 4-8, 1949 *and that death occurred at* 6:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert M. Shelsen M. D.	Mercy Hosp	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/1949	Mt. Auburn	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 9 - 1949	[illegible]	Miss George H. Holland	[illegible]

VS 150

49a

G73252 (Tucker) G73252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 171

BIRTH NO

1. NAME OF DECEASED (Type or Print): Miss Mildred Elizabeth Tucker
2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U.S. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Resterstown Road

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 27, 1918
9. AGE (In years last birthday): 30 (If Under 1 Year: Months — Days —; If Under 24 Hours: Hours — Min. —)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skilled Labor
10B. KIND OF BUSINESS OR INDUSTRY: Distillery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF (What country?): USA.

13. FATHER'S NAME: John Albert Tucker
14. MOTHER'S MAIDEN NAME: Sarah Grace Leonhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or Unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: Unknown
17. INFORMANT: Mrs. Sarah L. Tucker ADDRESS: Baltimore Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Anemia, Oligemia — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Hemorrhage — 15 mos
DUE TO
(C) Carcinoma Cervix — 15 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from March 31, 1949 to April 9, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Walter C. Forbes M. D.
23B. ADDRESS: Maryland Gen'l Hosp
23C. DATE SIGNED: 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 11-49
24C. NAME OF CEMETERY OR CREMATORY: Louden Park
24D. LOCATION (City, Town, or County) (State): Frederick Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: 48a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73253 ✓ 420 G73253

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Annie Susan Ewell Or Susie Ewell

2. DATE OF DEATH: 4/8/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location): 805 Pierce St

C. Length of stay in Baltimore: 23 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 805 Pierce St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Col.	Married	5/8/1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Easternshore Virginia	U.S.A.

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Fannie White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Edward Ewell	805 Pierce St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Pulmonary Congestion

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/9 48, *to* 4/8 19 49, *that I last saw the deceased alive on* 4/3 19 49, *and that death occurred at* 2.05 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Garner M. D.	253 Geo. St	4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/1949	Mctompkins Cem.	Mctompkins Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 9 - 1949		Elroy O. Wilson	1000 Brantly Ave

VS 150

937

Please write plainly with pen and ink. Every item of information should be furnished correctly as is especially important. Physician: please write the cause of death clearly and fully.

G73254

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. G73254

1. NAME OF DECEASED (Type or Print) Mary Payne

2. DATE OF DEATH 4/4 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1326 N. Carey St.

c. Length of stay in Baltimore 30 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1326 N. Carey st

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3/ 10 / 1884
9. AGE (In years last birthday): 65
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF (What country?): U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mamie Green ADDRESS: I326 N. Carey St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemmorrhage
DUE TO
(B) Hypertension
DUE TO
Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg, etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949 to April 4, 1949 that I last saw the deceased alive on April 4, 1949, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE: E. Walter Sherrington M.D.
23B. ADDRESS: 201 N Carey St.
23C. DATE SIGNED: 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/9/1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, Town, or County) (State): Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 9 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

VS 150

83a

GM. 127920 G773255

BALTIMORE CITY HEALTH DEPARTMENT 4-20-1 G773255

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John W. Kellner

2. DATE OF DEATH 4-8-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 111 N. Curley ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Married	April 14- 1888	60	11 24	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Moulder		MD.	

13. FATHER'S NAME Anthony Kellner

14. MOTHER'S MAIDEN NAME Annie Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	214-18-2864	Records Balto. City Hospitals	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B)

DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Perforated Duo Denal Ulcer with Peritonitis — 36 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES Yes NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-31- , 1949 *to* 4-8- , 1949, *that I last saw the deceased alive on* 4-8-49 , *and that death occurred at* 9.05A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	B.C.H. 4940 Eastern Ave.	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 11/49	Holy Redeemer	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 9-1949	[illegible]	Philip Henry Sons, Orleans St	2014

VS 150

1178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physician please write the cause of death clearly and legibly.

BIRTH NO. 973256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 973256

1. NAME OF DECEASED (Type or Print): Edna E. Gregloit

2. DATE OF DEATH: April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 118 N. Milton Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 30 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 118 N. Milton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Nov. 15, 1886	62	4 / 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	-----	New York	

13. FATHER'S NAME: Frank Johnson

14. MOTHER'S MAIDEN NAME: Eva -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
---	----	-----

17. INFORMANT: Mr. Frank Gregloit, ADDRESS 4609 Marbel Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
(B) Coronary Occlusion — 4 wks.
DUE TO
(C) Hypertension — 6 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1 19 49, *to* April 8 19 49, *that I last saw the deceased alive on* April 7 19 49, *and that death occurred at* 7:2- *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. E. Greer M. D.	56 N. Milton Ave.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 11/49	Moreland Mem Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 9 - 1949	[illegible]	Philip Henry Sons	2024 Orleans St.

VS 150

94a

G73257. ✓ 44 - G73257

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) GILBERT A. WASHINGTON

2. DATE OF DEATH APRIL (9) 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2553 Robb Street

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2553 Robb Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	April 20, 1896	52	11 / 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer	Baltimore Transit	Virginia	

13. FATHER'S NAME: William Washington

14. MOTHER'S MAIDEN NAME: Jennie Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	World War 1	213-10-8781	Mrs. Violet Washington	2553 Robb Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertens. C.V. Renal Disease sev. yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. , 1948, *to* Apr. , 1949 *that I last saw the deceased alive on* 4/7/ , 1949, *and that death occurred at* 6.30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	242 S. Highland Ave	4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/49	National	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1949	[signature]	Wilhelm Cook Inc	1519 Pennsylvania Ave

VS 150

131a

BIRTH NO. G73258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73258

1. NAME OF DECEASED (Type or Print): Ebenezer Shipley

2. DATE OF DEATH: 8 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1019 W. 36th St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1019 W. 36th St 12 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Divorced	Sept 5th 1888	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Hebester Md.	

13. FATHER'S NAME: Alfred Shirley

14. MOTHER'S MAIDEN NAME: Laura V. McBee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Kearney	1019 W. 36th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-
DUE TO Vascular Disease
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Wm. H. Kammer Jr., M.D.	☐ / ☐ / ☒	8 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/49	Ivy Hill	Laurel Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1949		Wm Bot Inc	127 St. Paul St.

VS 151

937

Every item of information should be carefully supplied. To correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73259 ✓ 1 G73259

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Stewart (Wm) Harward

2. DATE OF DEATH: 9 April 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4511 Schenley Rd.

c. Length of stay in Baltimore: 47 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland — B. COUNTY: —

C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give R.F.D.): 4511 Schenley Rd

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.

8. DATE OF BIRTH: June 2 1874

9. AGE (In years last birthday): 74 — If under 1 Year: Months — Days; If under 24 Hours: Hrs. — Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George E. Harward.

14. MOTHER'S MAIDEN NAME: Elizabeth McFadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): /

16. SOCIAL SECURITY NO: —

17. INFORMANT: Miss Fannie Harward ADDRESS: 4511 Schenley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Interval between onset and death: Immediate.

DUE TO

(B) Arteriosclerotic Cardio vascular Syns. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb 1, 1948 *to* 19 March, 1949, *that I last saw the deceased alive on* 19 March, 1949, *and that death occurred at* 6 A. M., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Osborne M.D.

23B. ADDRESS: 5202 Harford Rd

23C. DATE SIGNED: 9 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/12/49

24C. NAME OF CEMETERY OR CREMATORY: St. Mary's Hampden

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949

REGISTRAR'S SIGNATURE: Thomas Taylor Hill

25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

APR 10 1949

VS 150

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937

Please write the cause of death clearly and legibly. Physician: please write the exact age if especially important.

CERTIFICATE CORRECTED 4-27-49 ✓

G73260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49

G73260

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eleanor Jeanette Malkus

2. DATE OF DEATH: Apr - 8 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hosp. Women Maryland
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 2100 Barclay St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb - 5 - (1873)
9. AGE (In years last birthday): (76)
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dover - Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Frank
14. MOTHER'S MAIDEN NAME: ? Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Helen Becker — ADDRESS: 2100 Barclay St Balto 18

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intraventricular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 13 days
DUE TO
(B) Arteriosclerotic Hypertensive Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar - 27 - 1949, to Apr - 8 - 1949, that I last saw the deceased alive on Apr - 7 - 1949, and that death occurred at 7 45 m., from the causes and on the date stated above.

23A. SIGNATURE: George [illegible] Jeffers M.D.
23B. ADDRESS: Hosp. Women Md.
23C. DATE SIGNED: 4 - 8 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/49
24C. NAME OF CEMETERY OR CREMATORY: Morland Park
24D. LOCATION (City, town, or county) (State): Parkville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 217 St. Paul St.

VS 150

9-2-9

G73261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73261 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMILY ISADORA SHIPLEY

2. DATE OF DEATH April 8,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2689 St. Benedicts St.
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2689 St. Benedicts St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	June 1,1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Howard Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Azel Warfield
14. MOTHER'S MAIDEN NAME Eliza Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO None
17. INFORMANT ADDRESS Mrs Cora Reed, Towson, Md.

MEDICAL CERTIFICATION

write the cause of death clearly and correct age is especially important. Physician: please write legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 6 days
DUE TO
(B) Arteriosclerotic Cardio Vasc. Dis. — 5 yrs.
DUE TO
(C) auricular Fibrillation Arteriosclerosis Heart Failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* April 8, 1949, *that I last saw the deceased alive on* Apr 7, 1949, *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23A. SIGNATURE K Krulewitz M. D.
23B. ADDRESS 244 N Hilton
23C. DATE SIGNED 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/11/49
24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.

VS 150

93D

G73262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Ano. 1

G73262

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHRISTIAN C. MAIER

2 DATE OF DEATH April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
18 N. Pine St.

c. Length of stay in Baltimore. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 18 N. Pine St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Male	White	Married	Feb. 26 1902	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storekeeper	Grocery	Baltimore, Md.	

13. FATHER'S NAME: Christian Maier

14 MOTHER'S MAIDEN NAME: Marie Weiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	None	Mrs Amelia Liederman, 3025 Frederick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)	(A) Coronary Occlusion DUE TO	Sudden
ANTECEDENT CAUSES	(B) Cardio-vascular disease DUE TO	about 1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1947 *to* April 7, 1948 *that I last saw the deceased alive on* April 7, 1948, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Harry S. Grossman M. D.	723 N. Eutaw St	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/11/49	Loudon Park, Baltimore, Md.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
APR 10 1949		William Cook, Inc. 1217 St. Paul St.

VS 150

93D

Please write the cause of death clearly and correct age is especially important. Physician: please write

BIRTH NO. G73263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73263

1. NAME OF DECEASED (Type or Print): Josie William Dawson

2. DATE OF DEATH: April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2101 Linden Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2101 Linden Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 6, 1884
9. AGE (In years last birthday): 64
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): typetester
10B. KIND OF BUSINESS OR INDUSTRY: Novelty Steam Boiler Works
11. BIRTHPLACE (State or foreign country): Northumberland County, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Dawson
14. MOTHER'S MAIDEN NAME: Un Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Helen Dawson, ADDRESS: 2101 Linden Avenue

MEDICAL CERTIFICATION

Please write the cause of death clearly and correct age is especially important. Physician:

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Heart.
DUE TO
(B) Coronary Occlusion
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6, 1949 *to* 4/6, 1949 *that I last saw the deceased alive on* 4/6, 1949, *and that death occurred at* 9 A m *from the causes and on the date stated above.*

23A. SIGNATURE: Maurice Rhidbeck M. D.
23B. ADDRESS:
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

APR 15 1949

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G73264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73264

Registered No. 153

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Harmeyer

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2235 E. Chase Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2235 E. Chase Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
male	white	married	August 13, 1873	75	7	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer - retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Harmeyer

14. MOTHER'S MAIDEN NAME: Alexina Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mamie A. Harmeyer — ADDRESS: 2235 E. Chase St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos
DUE TO
(B) Arteriosclerosis — 7-04
DUE TO
(C) Carcinoma, Colon — Uncertain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 May 1941 *to* 1 April 1949, *that I last saw the deceased alive on* 9 Apr 1949, *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard [illegible] M. D.

23B. ADDRESS: 1513 N. Milton Ave

23C. DATE SIGNED: 9 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 4/11/49

24C. NAME OF CEMETERY OR CREMATORY: Baltimore

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR:

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

MS 150

APR 10

46 E

correct age is especially important. Physician: please write the cause of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G732665 — Registered No. 1 G732665

1. NAME OF DECEASED (Type or Print): GEORGE M. AMSPACHER

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5012 Pembridge Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5012 Pembridge Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. Last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	April 15, 1900	48 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
switch tender	B. & O. R. R.	Balto., Md.	

13. FATHER'S NAME: Alfred Amspacher

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		

17. INFORMANT: Mrs. Martha Amspacher — ADDRESS: 5012 Pembridge Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute coronary occlusion	Two minutes
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) No previous heart trouble	
	DUE TO (C) Partial Gastrectomy 1 yr. ago	Stomach trouble for > 10 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/12/48	Peptic ulcer	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/24 *1938, to* 4/7 *, 1949, that I last saw the deceased alive on* 4/7 *, 1949, and that death occurred at* 10:10 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Morrison M.D.	11 E. Chase St. (2)	4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or township) (State)
Burial	4/11/49	Western Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 1949	[illegible]	WM. J. PICKNER & SONS	Balto., Md.

1179

Please write the cause of death clearly and legibly. Physician's please write the cause of death clearly and legibly. Physician's please write the cause of death clearly and legibly. Physician's

G73266 BALTIMORE CITY HEALTH DEPARTMENT G73266

BIRTH NO

CERTIFICATE OF DEATH

037 Registered No.

1. NAME OF DECEASED (Type or Print): HELEN FISKE EVANS

2. DATE OF DEATH: April 8, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): 218 Ridgewood Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimor
D. STREET ADDRESS (If rural, give location): 218 Ridgewood Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 26, 1884
9. AGE (In years last birthday): 64 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Haley Fiske
14. MOTHER'S MAIDEN NAME: Mary Mulford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: no
17. INFORMANT: Miss Elizabeth Kirkwood ADDRESS: 606 Somerset Rd.

MEDICAL CERTIFICATION

write the cause of death clearly and legibly. Physician please write in ink. It is especially important. Physician please write

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO
(B) Azotemia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO
(B) Lymphogranuloma venereum — 20 yrs. ?
DUE TO
(C) Marked secondary anaemia. — 2 mo.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ✓
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29, 1944 *to* 4/8, 1949, *that I last saw the deceased alive on* 4/7, 1949, *and that death occurred at* 2:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Edwin B. Jaretth, M.D.
23B. ADDRESS: 11 East Chase St., City-2.
23C. DATE SIGNED: 4/9/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

4da

G73267

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73267

Registered No.

1. NAME OF DECEASED (Type or Print): ELLA HANS SCHAD

2. DATE OF DEATH: April 8, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 Poplar Grove St.
C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1803 Poplar Grove St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 22, 1869.
9. AGE (In years last birthday) / If Under 1 Year: Months Days / If Under 24 Hours: Hours Min.: 79 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gilbert C. Bolgiano.
14. MOTHER'S MAIDEN NAME: Ella E. Kirk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. E. O. Berger — ADDRESS: 1803 Poplar Grove

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
(A) Chronic Cardiac Dis. dy. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949 *to* Apr 6, 1949, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Grant W. Kalm, M. D.
23B. ADDRESS: 1735 Poplar Gr St
23C. DATE SIGNED: 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

APR 13 1949

937

Please write the cause of death clearly and legibly. Physician's signature is especially important. Please write

BIRTH NO. G73268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73268

1. NAME OF DECEASED (Type or Print): JOSEPH KAPRALEK 3270

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mercy Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2884 Kentucky Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Single	Feb 11-1905	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kapralek
14. MOTHER'S MAIDEN NAME: Mary Douse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): 1st
16. SOCIAL SECURITY NO.: 215-07-3065
17. INFORMANT: Mrs Josephine Dowis ADDRESS: 2884 Kentucky Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Methyl Alcohol poisoning
DUE TO
(B) Acute alcoholism
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 11-49	Holy Redeemer Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] Kentucky Ave

77c

G73269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73269 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas B.W. Cole — N 864 D

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hampstead
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	aug 7/1902	46		

10A. USUAL OCCUPATION (Give kind of work, considering most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	U.S.A

13. FATHER'S NAME: J Best Cole

14. MOTHER'S MAIDEN NAME: Georgeanna Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S ADDRESS
No		—	Mrs Thos B W Cole - Hampstead Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of Liver + Spleen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	In the vicinity of Hampstead

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 9, 1949 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fell from tractor(struck head on concrete

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Emil Kopp M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED: April 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/49	Grace	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1949		Edw C Tipton	Hampstead Md

VS 151

Interment Westminster, Md

186a

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G73270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49 ° Registered No. G73270

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA WARE

2. DATE OF DEATH 4/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1020 W. Lafayette Av

C. Length of stay in Baltimore 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1020 W. Lafayette Av.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C	Widowed	5/1/1894	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook		Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Berl Baker	Bertie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
-	-	Joseph Ware (Son) 1407 Pa. Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* April 7, 1949, *that I last saw the deceased alive on* April 6, 1949, *and that death occurred at* 5.30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert Hinkley M. D.	1325 W. Franklin St	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/10/49	Angel Visit Cem.	Tappahannock, Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	[illegible]	Charles C. Cooper 512 Carrollton Av.

VS 150
APR 10 1949

C

108

Please write the cause of death clearly and legibly. Physician's please write especially important. Physician's please write

G73271

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73271

Registered No.

1. NAME OF DECEASED (Type or Print) MARTHA KRAMER

2. DATE OF DEATH 4-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4017 Liberty Heights ave

C. Length of stay in Baltimore 75 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4017 Liberty Heights ave

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH

9. AGE (If over 1 year last birthday) 75 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life. Never if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hanna

14. MOTHER'S MAIDEN NAME Gucka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs Sadye Morris 4017 Liberty Hgts ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial insufficiency DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 mo.

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I Hereby certify that I attended the deceased from* 1929 *to* April 9, 1949 *that I last saw the deceased alive on* April 8, 1949, *and that death occurred at* 4A m. *from the causes and on the date stated above.*

23A. SIGNATURE Stuart L. Levy M. D.

23B. ADDRESS 2222 Eutaw Place

23C. DATE SIGNED 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-10-49

24C. NAME OF CEMETERY OR CREMATORY Hebrew Herring Run

24D. LOCATION (City, town or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1949

REGISTRAR'S SIGNATURE Hampton for Williams M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eutaw Pl

937

VS 150

*Please write the cause of death clearly and legibly. Physician's please write the cause of death clearly and legibly. Physician's please write the cause of death clearly and legibly. Physician's

G73272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73272 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISRAEL SEIDMAN

2. DATE OF DEATH 4-8-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15

c. Length of stay in Baltimore: 43 Yrs. ~~Mos.~~ ~~Days~~

D. STREET ADDRESS (If rural, give location) 2537 Boarman Ave

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH ?

9. AGE (In years last birthday) 98 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if ret. ind.) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Harry Seidman ADDRESS 2501 Manhattan Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: about 4 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis (senile) — INTERVAL BETWEEN ONSET AND DEATH: many years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1949 *to* April 8, 1949 *that I last saw the deceased alive on* April 7, 1949 *and that death occurred at* 24 *m., from the causes and on the date stated above.*

23A. SIGNATURE Nathan Shpritz M. D.

23B. ADDRESS 1810 Eutaw Pl.

23C. DATE SIGNED 4/8/49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-10-49

24C. NAME OF CEMETERY OR CREMATORY Rosedale

24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1949

REGISTRAR'S SIGNATURE (Registrar for Baltimore, Md.)

25. FUNERAL DIRECTOR Jack Lewis Inc. ADDRESS 2100 Eutaw Pl

VS 150

97

Incorrect age is especially important. Physician: please write the cause of death clearly and legibly.

G73273

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73273
Registered No.

1. NAME OF DECEASED (Type or Print)	THOMAS	SOPHER	2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: West Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beckley
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
Male	White	married		57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel A Sopher	Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Maurice Sopher	3209 Gwynn Falls Pk

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES	DUE TO (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D		4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-10-49	United Hebrew	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 10 1949	[illegible] for Williams, M.D.	Jack Lewis Inc	200 Eastern Ave

VS 151

937

Please write the cause of death clearly and legibly. Physician: please write the correct age in years, if known, if not, state approximate age, if infant, state age in days, if possible, if not, state age in hours, if possible, if not, state age in minutes, if possible, if not, state age in seconds, if possible, if not, state age in milliseconds, if possible, if not, state age in microseconds, if possible, if not, state age in nanoseconds, if possible, if not, state age in picoseconds, if possible, if not, state age in femtoseconds, if possible, if not, state age in attoseconds, if possible, if not, state age in zeptoseconds, if possible, if not, state age in yoctoseconds, if possible, if not, state age in ronnoseconds, if possible, if not, state age in quectoseconds, if possible, if not, state age in unknown, if possible, if not, state age in unknown, if possible, if not, state age in unknown

G73274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73274

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA GOLDMAN

2. DATE OF DEATH: 4-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2433 Shirley Ave
C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2433 Shirley Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 63
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Morris Goldman ADDRESS: 2433 Shirley Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary embolus
DUE TO
(B) Arteriosclerosis - Hypertension
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5 19 49 *to* April 8 19 49 *that I last saw the deceased alive on* April 8 19 49 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 230 Reuben Place
23C. DATE SIGNED: 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-10-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

94a

collect age is especially important. Physician please write the cause of death clearly and legibly.

G73275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91 G73275 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IRVIN FREEMAN

2. DATE OF DEATH 4-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL

c. Length of stay in Baltimore 1 YR Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location) 808 E LEXINGTON ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	NEGRO	SEPARATED	OCT 19, 1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PART TIME WORKER	ANY	GEORGIA	USA

13. FATHER'S NAME LOUIS FREEMAN

14. MOTHER'S MAIDEN NAME SOPHRONIA TERRILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
UNKNOWN	—	PATIENT	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Lower Nephron Nephrosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
NONE		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-31- , 1949 *to* 4-7 , 1949 *that I last saw the deceased alive on* 4-7 , 1949 *and that death occurred at* 10:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Kenneth Nelson M. D.	Mercy Hosp	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 13, 1949	Payne's Cem.	Washington, D.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Evelyn M. Williams	Geo. T. Kelson	1303 Pennsylvania Ave.

132

correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73276

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

156.1 G73276

Registered No.

1. NAME OF DECEASED (Type or Print): Albert H. Mayne

2. DATE OF DEATH: April 9 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland H.H. Hosp 3 N

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Worchester
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Cambridge
D. STREET ADDRESS (If rural, give location): Somerset Ave

5. SEX	6. COLOR, RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	8-4-91	57 yrs		

10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoe Store Clerk	Shoe	Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph H. Mayne	Edwina Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hepatoma, Liver renal failure
DUE TO
(B) Cirhosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) Recent (?)
(B) Sev. years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4/7/49	Hepatoma	YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-29-, 1949 to 4-9-, 1949, that I last saw the deceased alive on 4-9-, 1949, and that death occurred at 1:15 m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry L. Bahnson M. D.	JOHNS HOPKINS HOSPITAL	4/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 4, 1949	East New Market Md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Hampton Williams M.D.	John O. Mitchell & Son.	1900 Eutaw Pl.

56E

Please age is especially important. Physician: please write the cause of death clearly and fully.

G73277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73277 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William J. Fitzpatrick

2. DATE OF DEATH 4/7/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 118 N Fort Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 50 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 118 N Fort Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	W	Married	5/18/1896	52	10 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver

10B. KIND OF BUSINESS OR INDUSTRY Flour Works

11. BIRTHPLACE (State or foreign country) Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Fitzpatrick

14. MOTHER'S MAIDEN NAME Margaret Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. J. M. Fitzpatrick ADDRESS 118 N. Fort Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

(B) Arteriosclerosis, Cyfortension & Myocarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 15 49 to April 7 49 that I last saw the deceased alive on 4/5 19 49 and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE John A. Schenuch M.D.

23B. ADDRESS 1337 S. Charles St.

23C. DATE SIGNED 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 49

24C. NAME OF CEMETERY OR CREMATORY Holy Cross

24D. LOCATION (City, town, or county) (State) Ruxhill Penn.

DATE RECEIVED BY LOCAL REGISTRAR APR 10 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR J. Fitzpatrick ADDRESS 3. 8 Regis

APR VS 150

937

G73278

JL - 90649

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63

G73278

Registered No.

1. NAME OF DECEASED (Type or Print): Stephen Osterbridge

2. DATE OF DEATH: 4-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 12 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): ? Baltimore St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Wid.	Dec. 25, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Yugoslavia	

13. FATHER'S NAME: George Osterbridge

14. MOTHER'S MAIDEN NAME: Mary (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Balt. C. H. Records,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Unknown ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A S C V D

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Broncho genic Ca., Rt Middle Lobewith Atelecstosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES Yes NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-14 , 1944, *to* 4-4-49 , 19 , *that I last saw the deceased alive on* 4-4 , 1949, *and that death occurred at* 9.15A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Ave.	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/11/49	Sacred Heart Cem	[illegible]

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	J J Foley Sons	1318 Eager St

VS 350

47c

G73279 Garney Trader G73279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Garney Trader

2. DATE OF DEATH: April 9th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

c. Length of stay in Baltimore: Yrs. 6 weeks Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Somerset
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Princess Anne Md
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	white	widowed	Jan 11, 1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Maryland	U.S.

13. FATHER'S NAME: James L. Heath

14. MOTHER'S MAIDEN NAME: Lottie Reese Princess Anne Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Clarence Heath

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTORY ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Earl L. Long M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED 10 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Rural	4/12-'49	Mosie cemetery	Vienton Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949

REGISTRAR'S SIGNATURE: for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Dale Dashiell Princess Anne Md. 937

VS 151

G73280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73280

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): JOHN P. ROYE

2. DATE OF DEATH: 4-8-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2022 Sinclair Lane
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2027 Sinclair Lane

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL

c. Length of stay in Baltimore: 36 Yrs. 7 Mos. Days

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March ?, 1900 | 9. AGE (If less than 1 day, Hours, Min.): 49 ? ?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Welder | 10B. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit

11. BIRTHPLACE (State or foreign country): Grodno, Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Roye

14. MOTHER'S MAIDEN NAME: Mary Lazuik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-05-9544

17. INFORMANT: Mrs. Bertha T. Roye | ADDRESS: 2027 Sinclair Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO
(B) Coronary occlusion, Myocardial infarct AURIC. FIBRILLATION
DUE TO
(C) ARTERIOSCLEROTIC CVD

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: — | 19B MAJOR FINDINGS OF OPERATION: — | 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1949 to 4-8, 1949 that I last saw the deceased alive on 4-8, 1949, and that death occurred at 4:05 A m., from the causes and on the date stated above.

23A. SIGNATURE: Meade L. Shaw M. D. | 23B ADDRESS: Sinai Hospital | 23C. DATE SIGNED: 4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 11 April, 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Ft. Cedarcroft Russian | 24D. LOCATION (City, town, or county) (State): Old Benson Hill Road

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949 | REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTOR: Walter Brooke Bradley | ADDRESS: 400 Willow Spring Road Parkdale 22 9321

Please type or print: Physician: please write the cause of death clearly and legibly.

G73281 ✓ X 45.4 G73281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Mackall

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Calvert
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntingtown
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Child	Feb. 11, 44		1	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anderson Mackall
14. MOTHER'S MAIDEN NAME: Lottie Mackall Prince Frederick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)	(A) Overwhelming Septicemia	
ANTECEDENT CAUSES	DUE TO (B) Dysentary.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1949, *to* 4-9, 1949 *that I last saw the deceased alive on* 4-9, 1949 *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. E. Boswell M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-49
24C. NAME OF CEMETERY OR CREMATORY: Hillcrest
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 10 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: P. E. Sewell, Prince Frederick ADDRESS:

VS 150

27c

G73282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

G73282

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Sarah Brown

2. DATE OF DEATH 4-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-1

D. STREET ADDRESS (If rural, give location) 1629 Edmonson Ave

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH | 9. AGE (In years last birthday) 49 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Tongue | 14. MOTHER'S MAIDEN NAME Birdie Harriard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Isabella Brown ADDRESS 735 Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Uremia

DUE TO (B) Nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Subacute Congestion of Edema

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-25-49 *to* 4-7-49 *that I last saw the deceased alive on* 4-7-49 *and that death occurred at* 8:22 *m., from the causes and on the date stated above.*

23A. SIGNATURE J. C. Bradley M. D. | 23B. ADDRESS Provident Hosp | 23C. DATE SIGNED 4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/16/49 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. | 24D. LOCATION (City, town, or county) (State) West Port Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949 | REGISTRAR'S SIGNATURE Livingston Williams, M.D. | 25. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral Homes Inc 927 N. Mount St

VS 150

1210

G73283

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 p. 1

G73283

Registered No.

1. NAME OF DECEASED (Type or Print): Isidore Jaslow

2. DATE OF DEATH: April 10 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4808 Calumet Ave.
c. Length of stay in Baltimore: 32 Yrs. (Yrs. / Mon. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4808 Calumet Ave.

21-2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 5 1895
9. AGE (In years last birthday): 53 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Roumania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jaslow
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216 03 442
17. INFORMANT: Francis L. Jaslow ADDRESS: 4808 Calumet ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
(A) 3 yr.
(B) —

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947 *to* April 10, 1949 *that I last saw the deceased alive on* Mar. 27, 1949, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis B. Dickey, M. D.
23B. ADDRESS: 715 N. Charles St
23C. DATE SIGNED: Apr. 10, '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Rosedale Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Hampton Williams
25. FUNERAL DIRECTOR / ADDRESS: Sol Levinson & Bros 1124 W North Av.

VS 150

94a

Please write the cause of death clearly and legibly. Physician is especially urged to complete all items.

G73284

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33 ✓ G73284

Registered No.

1. NAME OF DECEASED (Type or Print): ISRAEL I KURLAND

2. DATE OF DEATH: 4-10-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home
~~ISRAEL KURLAND~~

C. Length of stay in Baltimore: 43 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3811 ParkHeights Ave 15-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Dec 15, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hebrew Teacher		Russia	

13. FATHER'S NAME: David M Kurland

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Lena Kurland 3811 ParkHeights Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes mellitus,

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I Hereby certify that I attended the deceased from* 3-22 1949, *to* 4-10, 1949 *that I last saw the deceased alive on* 4-10 1949 *and that death occurred at* 12 50 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Nagel M. D.	Levindale Home	4-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 11, 1949	Bnai Israel Cemetery	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Huntington Williams, M.D.	Sol Levinson & Bros	1124 W North Ave

VS 150

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G73285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776 G73285 Registered No.

BIRTH NO. B.C. 49-02147

1. NAME OF DECEASED (Type or Print) Baby Boy Hellmandollar

2. DATE OF DEATH April 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp. For The Women of Maryland
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE —
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 14-1
D. STREET ADDRESS (If rural, give location) — 1904 Bolton St. Baltimore

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	Wh	single	4-2-49				6	55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME James Wallace Carter Jr.

14. MOTHER'S MAIDEN NAME Margaret Ann Hellmandollar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	No	None	Mother	1904 Bolton St. Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Extreme prematurity
DUE TO
(B) Premature labor
DUE TO
(C) cause unknown

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None	None	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	None	None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. *I hereby certify that I attended the deceased from* April 2 *, 19* 49 *to* April 2 *, 19* 49 *that I last saw the deceased alive on* April 2 *, 19* 49 *and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
V. C. Kelly M. D.	Woman's Hospital	4-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 4 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	Commissioner of Health	

VS 150

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G73286

BIRTH NO. B.C. 49-03574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73286

1. NAME OF DECEASED (Type or Print): Wayne David Lewis

2. DATE OF DEATH: 3/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): provident Hospital

c. Length of stay in Baltimore: Yrs. — Mos. — Days: 10

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-1
D. STREET ADDRESS (If rural, give location): 1529 Edmondson Ave

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 3/4/49
9. AGE (In years last birthday): If under 1 Year: Months: Days: 10; If under 24 Hours: Hours: 2 hrs Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Born Infant
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James David Lewis
14. MOTHER'S MAIDEN NAME: Evelyn Hortense Burrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: mrs Evelyn Lewis ADDRESS: 1529 Edmondson

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Anopia
DUE TO
(B) Atelectasis (Partial)
DUE TO
(C) Pulmonary Edema & Congestion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 22 1949 *to* March 4, 1949 *that I last saw the deceased alive on* Mar 4, 1949 *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: N Lewis Jones M. D.
23B. ADDRESS: 1102 Lanvale Hall Ave
23C. DATE SIGNED: 3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Returned by Hospital Staff
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

1612

Dr. W. Donald ✓

G73287 ✓ G73287

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-02503 CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Linda Vivian Erwin

2. DATE OF DEATH 2/10/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore 22 hrs 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-2
D. STREET ADDRESS (If rural, give location) 243 N Fulton ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	N	Single	2/4/49			22 44

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N'Born Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Erwin

14. MOTHER'S MAIDEN NAME Lola Gonzela Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mother ADDRESS 243 N. Fulton ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) undetermined
DUE TO
(B)
DUE TO
(C) Prob. pneumonia?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/9 *,* 1949 *to* 2/10 *,* 1949 *, that I last saw the deceased alive on* 2/10 *,* 1949 *and that death occurred at* 7:13 a *m., from the causes and on the date stated above.*

23A. SIGNATURE George Mc Donald M. D.

23B. ADDRESS 844 W Cary, Balt. Md

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Interred by Physician

24D. LOCATION (City, Town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

30F

G73288

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73288 Registered No.

1. NAME OF DECEASED (Type or Print) Ida Brooks

2. DATE OF DEATH 4/6/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Dart Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan

C. Length of stay in Baltimore 50- Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland

D. STREET ADDRESS (If rural, give location) 1418 McCulloh St. 14-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro		Feb 17, 1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Labr	Calvert County, Md	U.S.A

13. FATHER'S NAME Thomas Brook

14. MOTHER'S MAIDEN NAME Emma Hardmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT Mrs Daisy Brooks - 742 W. Franklin St ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH unknown

DUE TO

(B) Arteriosclerosis

DUE TO

(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/30/49, 19__, to 4/6/49, 19__, *that I last saw the deceased alive on* 4/5/49, 19__, *and that death occurred at* 6:30 p.m., *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Palm E Sonner M. D.	1015 Edmondson	4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 10	Mt Auburn Cemetery	Westport Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Thos Preston Williams, M.D.	Joseph L Russ	1200 McCulloh St

VS 150

927

G73289

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73289

Registered No.

1. NAME OF DECEASED (Type or Print)	James R. Seward	2. DATE OF DEATH Apr. 9, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-6; D. STREET ADDRESS (If rural, give location) 2611 N. Charles Street
c. Length of stay in Baltimore	69 years (Yrs. Mos. Days)	

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married		83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington, D. C.	✓

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Seward	Not Obtainable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Jeannette T. Seward	2611 N. Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Broncho-Pneumonia	3 days.
DUE TO (B)	Myocardial Degeneration	3 yrs.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Senile Arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Yr) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar., 1949 *to* April, 1949, *that I last saw the deceased alive on* Apr. 9, 1949, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Clarence W. LeDoux M. D.	3023 Eastern Ave.	4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 11, 1949	Greenmount Mausoleum	Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	H. H. Means and Son	805 N. Calvert St

VS 150

937

G73290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-20-1

Registered No. G73290

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jeremiah J. Murphy

2. DATE OF DEATH 8 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-3
D. STREET ADDRESS (If rural, give location) 319 S. Stricker St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 319 S. Stricker St.

c. Length of stay in Baltimore — Yrs. / Mos. / Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	April 15 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitation Dept
10B. KIND OF BUSINESS OR INDUSTRY Balto City
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel Murphy
14. MOTHER'S MAIDEN NAME Mary Dee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO None
INFORMANT Catherine M. Murphy
ADDRESS 319 S Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Wm. H. Kammer, Jr. M D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED 9 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Apr 12-1949
24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949
REGISTRAR'S SIGNATURE Thurlow Williams M.D.
25. FUNERAL DIRECTOR Pott & B. M. Walker
ADDRESS Orchard & Stricker Sts

60-151

94a

Check age if especially important. Physician: please write the cause of death clearly and legibly.

G73291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

601 Registered No. G73291

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRITZ HERING

2. DATE OF DEATH: APRIL 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST BALTO. GEN. HOSP.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1723 N. Lombard St 1-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W		Oct 21. 1878	70	5 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Dry Goods
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: August Hering
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Etta E. Hering ADDRESS: 1723 N. Lombard St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) MULTIPLE ABSCESSES	
DUE TO	(B) GENERALIZED INFECTION	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	DUE TO (C) HYDRONEPHROSIS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	GENERALIZED ARTERIOSCLEROSIS	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/49, to 4/4/49, that I last saw the deceased alive on 4/3/1949, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: West Balto Gen Hosp
23C. DATE SIGNED: 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 12-1949
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, Town, or County) (State): Baltimore County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Clifton Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Mrs. John H. Fritchey Son ADDRESS: 5311 Edmondson Ave

VS 150

97

G73292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G73292

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Irving Gibson

2. DATE OF DEATH 4/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. L-4
D. STREET ADDRESS (If rural, give location) 3434 Auchentroly Terrace

5. SEX M

6. COLOR or RACE Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 9-24-1882

9. AGE (In years last birthday) 66 — If under 1 year: Months 6, Days 13 — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Corp.

10B. KIND OF BUSINESS OR INDUSTRY Textile

11. BIRTHPLACE (State or foreign country) N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Goldstein

14. MOTHER'S MAIDEN NAME Rebecca Herzberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-6426

17. INFORMANT Mrs. Clara Gibson ADDRESS 3434 Auchentroly Ter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular Accident (Hemorrhage)
DUE TO
(B) Hypertensive Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7 *, 1949 to* 4/7 *, 1949 that I last saw the deceased alive on* 4/7 *, 1949, and that death occurred at* 10 20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE Marjorie Oxman M.D. M.D.

23B. ADDRESS Sinai Hospital, Baltimore

23C. DATE SIGNED 4/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-11-1949

24C. NAME OF CEMETERY OR CREMATORY Lorraine Park

24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR H.W. Jenkins & Sons Co.

ADDRESS 4405 York Rd.

VS 150

937

G73293 ✓ armiger G73293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RICHARD DOBLER ARMIGER

2. DATE OF DEATH: Apr. 8, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 503 Orkney Rd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 503 Orkney Rd. 27-4

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 25, 1878
9. AGE (In years last birthday) / If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.: 70 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: Sterling Engrav. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William L. Armiger
14. MOTHER'S MAIDEN NAME: Ida Dobler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO:
17. INFORMANT / ADDRESS: Mrs. Edith Armiger - 503 Orkney Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertension — 10 yrs
DUE TO
(C) Cerebral Hemorrhage — 2 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* March 1949 *to* April 8 1949 *that I last saw the deceased alive on* March 30 1949 *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. Chalfont M. D.
23B. ADDRESS: 6210 York Rd
23C. DATE SIGNED: April 8, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Govans Presby. Cem.
24D. LOCATION (City, town, or county) (State): Govans, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR / ADDRESS: WM. J. TICKNER & SONS Balto., Md.

VS 150

937

Please type or print plainly. Physician: please write the cause of death clearly and fully.

G73294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561.1

G73294 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA ANN WHITMER

2. DATE OF DEATH APRIL 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WEST BALTO GEN. HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY Balto.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
D STREET ADDRESS (If rural, give location) 115 Sanford Ave.

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Jan. 22, 1877
9. AGE (In years last birthday) 72 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank A. Zehringer
14. MOTHER'S MAIDEN NAME Wilhelmina Pagel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs. Izarah W. Doub - 115 Sanford Ave. ADDRESS Catonsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intestinal Obstruction
DUE TO
(B) Incarcerated Femoral Hernia.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) 1 wk.
(B) 1 wk.
(C)

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1949 to 4/9, 1949 that I last saw the deceased alive on 4/8, 1949 and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE H. P. Young M.D.
23B. ADDRESS West Balto. Gen. Hosp.
23C. DATE SIGNED 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/12/49
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

122a

G73295

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73295

Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT A. WAGNER

2. DATE OF DEATH Apr. 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2408 N. Calvert St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 2408 N. Calvert St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white	single	Mar. 10, 1873	76 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Bookkeeper	Western Nat'l. Bnk	Baltimore, Md.	

13. FATHER'S NAME Henry H. Wagner

14 MOTHER'S MAIDEN NAME Roseanna Seaton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
none	217-14-5883	Miss Lillian C. R. Wagner	2408 N. Calvert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Cardiac Dilitation	Immediate
ANTECEDENT CAUSES DUE TO (B)	Pleurisy	6 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Myocarditis	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 4th. 1949 *to* Apr. 9th. 1949 *that I last saw the deceased alive on* Apr. 8th. 1949, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo. W. Murgatroyd M. D.	401 E. 25th. St.	4/9/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/12/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	WM. J. TICKNER & SONS	Balto., Md.

VS 150

93E

G73296

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163

G73296 Registered No.

1. NAME OF DECEASED (Type or Print) George Graves

2. DATE OF DEATH April 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U. S. Marine Hospital

c. Length of stay in Baltimore: Yrs. 10 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alexandria
D. STREET ADDRESS (If rural, give location) 507 Woodland Ter.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M	11/15/1868	80 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Banker	Banking	Vermont (Middlebury)	U.S.A.

13. FATHER'S NAME: Gemont Graves

14. MOTHER'S MAIDEN NAME: Maria Moulton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Deceased	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of right lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Coronary thrombosis — unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/7/48, 19__, *to* 4/10/49, 19__, *that I last saw the deceased alive on* 4/10/49, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE J. B. Driggs M. D.
23B. ADDRESS U.S. Marine Hospital
23C. DATE SIGNED 4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/10/49	-	Alexandria, Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

47D

G73297

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73297 Registered No.

1. NAME OF DECEASED (Type or Print): Alice Cutch

2. DATE OF DEATH: 4-7-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 623 North Mount Street

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-3
D. STREET ADDRESS (If rural, give location): 623 North Mount Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Widowed	1-19-1881	68	2	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Brown

14. MOTHER'S MAIDEN NAME: Mary Bush

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary Sidney ADDRESS: 623 N. Mount St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO
(B) Broken Compensation — 6 mo's

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 7 19[illegible] *to* Apr 7 19[illegible] *that I last saw the deceased alive on* Apr 6 1949 *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: E William Frey M. D.

23B. ADDRESS: 1928 Penna Ave

23C. DATE SIGNED: 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-11-1949

24C. NAME OF CEMETERY OR CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Joseph A. Lively

ADDRESS: 6619 W Baltimore St

93D

05 150

G73298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 775 G73298

BIRTH NO. B.C. 49-04051

1. NAME OF DECEASED (Type or Print) BRENDA BROWN

2. DATE OF DEATH March 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 313 North Carrollton Avenue 18-2

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 2, 1949
9. AGE (In years last birthday) — If Under 1 Year: Months 1, Days 17 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malnutrition
DUE TO
(B) Prematurity
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE [signature] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED March 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY University Medical School
24D. LOCATION (City, town, or county) (State) APR 4 1949

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Commissioner of Health
ADDRESS

VS 151

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G73299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776

Registered No. G73299

BIRTH NO. B.C. 49-06978

1. NAME OF DECEASED (Type or Print): Baby Girl Brown

2. DATE OF DEATH: 4/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. General Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 821 W. Cross St. 21-2

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/2/49
9. AGE (In years last birthday): Newborn
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min. 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence F. Brown
14. MOTHER'S MAIDEN NAME: Mary S. Spindler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 *, 19* 49 *, to* 4/2 *, 19* 49 *that I last saw the deceased alive on* 4/2 *, 19* 49 *, and that death occurred at* 12:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John M. Bleyham Jr M. D.
23B. ADDRESS: South Baltimore General Hosp.
23C. DATE SIGNED: 4/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: University Medical School
24D. LOCATION (City, town, or county) (State): APR 4 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Deputy for Registrar, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

159

G73300

BALTIMORE CITY HEALTH DEPARTMENT 331

CERTIFICATE OF DEATH

G73300

BIRTH NO. _____ Registered No. _____

1. NAME OF DECEASED (Type or Print): Charlottie Holmes

2. DATE OF DEATH: april 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 Barclay St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1708 Barclay St
c. Length of stay in Baltimore: 15 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto md
D. STREET ADDRESS (If rural, give location): 1708 Barclay St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	married	Dec 31, 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): n. c.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Cager Gordon
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war, or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James a. Holmes ADDRESS: 1708 Barclay St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 5 da.

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 3, 1949 *to* Apr 8, 1949, *that I last saw the deceased alive on* Apr 8, 1949, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lena L Sullivan M.D.
23B. ADDRESS: 2319 Forest Park Ave
23C. DATE SIGNED: Apr 10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	4-13-49	London Park cem.	md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: George S. Nelson ADDRESS: 1307 Pennsylvania Ave

VS 150

83a

G73301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73301

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mollie A. Hart

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1160 Carroll St.,
c. Length of stay in Baltimore: 56 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1160 Carroll St., 21-2

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 12, 1869
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jobe Hart
14. MOTHER'S MAIDEN NAME: Louisa Earhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 212-16-8340
17. INFORMANT: Miss Ballard M. Hart — ADDRESS: 1160 Carroll St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 da
DUE TO
(B) Arteriolasclerotic Cardio Vascular Disease — 5 yr
DUE TO
(C)

ANTECEDENT CAUSES.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) A.M. P.M.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10, 1947 *to* 4-9, 1949 *that I last saw the deceased alive on* 4-9, 1949 *and that death occurred at* 6 9 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph E Lankaitis M.D.
23B. ADDRESS: 679 Washington Blvd
23C. DATE SIGNED: 4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.

VS 150

937

G73302

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81 G73302 Registered No.

1. NAME OF DECEASED (Type or Print): John Zizwarek

2 DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3306 Glenmore ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

5 SEX	6 COLOR OR RACE	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	widowed	June 27, 1865	83		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
fireman	retired	Baltimore, Md.	

13. FATHER'S NAME: John Zizwarek

14 MOTHER'S MAIDEN NAME: Barbara Semmerra

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17 INFORMANT: Mrs John Zizwarek - ADDRESS: 3306 Glenmore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Azotemia	1 da.
DUE TO (B)	Carcinoma of Bladder	unknown
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/16/49	Carcinoma of bladder.	YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 30, 1949 *to* April 9, 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. Slawinski M.D.	Mercy Hosp.	4/9/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-12-49	Holy Redeemer	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Hunting for Williams, M.D.	Leonard J. Luck	5305 Harford Rd.

VS 150

52B

G73304 Harrien
722 N. Kenwood

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73303

1. NAME OF DECEASED (Type or Print): Richard M. Baker	2 DATE OF DEATH: Apr. 9, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A STATE: Maryland; B COUNTY:
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2642 Aisquith Street	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
c. Length of stay in Baltimore: Yrs. Mos. Days	D STREET ADDRESS (If rural, give location): 2642 Aisquith Street
5. SEX: male; 6 COLOR OR RACE: white; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8 DATE OF BIRTH: July 12, 1888; 9 AGE (In years last birthday): 60; If Under 1 Year Months Days; If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Safety Engineer; 10B. KIND OF BUSINESS OR INDUSTRY: Cityof Balto.	11 BIRTHPLACE (State or foreign country): Maryland; 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Josuah Baker	14 MOTHER'S MAIDEN NAME: Ella Larrimore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown); (If yes, give war or dates of service); 16 SOCIAL SECURITY NO	17 INFORMANT: Mrs. Daisy Baker, ADDRESS: 2642 Aisquith St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia - chronic Nephritis	April 6-1949
DUE TO	Cardio - vascular - renal Dis	—
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	arteriosclerosis -	—
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Had had a coronary attack	Oct 14-1948 / " " 2-1948

19A. DATE OF OPERATION: —; 19B. MAJOR FINDINGS OF OPERATION: —; 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —; 21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.): —; 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐; 21F HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct 14, 1948 *to* April 9, 1949, *that I last saw the deceased alive on* April 8, 1949 *and that death occurred at* 6.45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis H. Krumeen M. D.; 23B ADDRESS: 722 N. Kenwood Ave; 23C DATE SIGNED: April 9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-12-49	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949; REGISTRAR'S SIGNATURE: [illegible]; 25 FUNERAL DIRECTOR ADDRESS: Leonard J. Buck, 5305 Harford Road.

VS 150

121a

~~1773404~~ ns
3805 Belair

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. 1773504

1. NAME OF DECEASED (Type or Print)	HERBERT NORWOOD
2. DATE OF DEATH	April 8, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	4111 Montana Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	4111 Montana Avenue
5. SEX	male
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	Apr. 26, 1878
9. AGE (In years last birthday) / If under 1 Year: Months, Days / If under 24 Hours: Hours, Min.	70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Carpenter
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Adolphus Norwood
14. MOTHER'S MAIDEN NAME	Prudence Wolf
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) / (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	218-09-6787
17. INFORMANT / ADDRESS	Mrs. Rose Norwood, 4111 Montana Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Ac. Cardiac Dilatation	36 hours.
DUE TO (B)	Cerebral Hemorrhage.	4 years.
DUE TO (C)	Arteriosclerosis Ch. Hypertension	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1946 *to* April 8 1949 *that I last saw the deceased alive on* April 7, 1949 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H S Hardesty M. D.	3805 Belair Rd.	April 9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-11-49	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 11 1949	Huntington Williams, M. D.	Leonard J. Ruck, 5305 Harford Road.

VS 150

83a

G73305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73305 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Richmond

2. DATE OF DEATH: 4-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1 E. Madison St 11-A

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	10/15/1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Instructor - Brush Layers Trade School

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Richmond

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 218-01-4560

17. INFORMANT: Sam S. Sykes ADDRESS: 903 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, lobar, Rt lower — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Cor Pulmonale Heart Disease

DUE TO

(C) Chronic Bronchitis & Emphysema

II. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized Arteriosclerosis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9 *1949, to* 4-10 *1949 that I last saw the deceased alive on* 4-10 *1949, and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Berdiansky M. D.

23B. ADDRESS: West Baltimore General Hosp

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/13/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949

REGISTRAR'S SIGNATURE: Thomas Taylor Williams, M.D.

25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] St. Paul St.

VS 150

108

G73306

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

G73306

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Antionett Formoff

2. DATE OF DEATH: Apr. 9, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 3816 Hilladale Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md — B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-1

c. Length of stay in Baltimor: Life (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 3816 Hilladale Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Mar 27	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: ? Huebner

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO: —

17. INFORMANT: Geo L. Formoff — ADDRESS: 519 N Linwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.; it means the disease, injury or complication which caused death.) (A) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* March 27, 1949 *to* April 9, 1949 *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 10:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Morris W. Steinberg, M. D. — 23B. ADDRESS: 416 N. Milton St. — 23C. DATE SIGNED: April 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: April 13/49 — 24C. NAME OF CEMETERY OR CREMATORY: London Park — 24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR — ADDRESS: Ulrich Funeral Home 2008 Orleans

131a

673307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673307 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLORENCE MAY BOSWELL

2. DATE OF DEATH: 4-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland: University Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville Rural
D. STREET ADDRESS (If rural, give location): Rock Haven Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widowed	7-17-1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cloth Inspector	Woolen Mill	Grayson Maryland	

13. FATHER'S NAME: Julius Hessing

14. MOTHER'S MAIDEN NAME: Emma Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-09-6318

17. INFORMANT: Mrs. Charles Dentell ADDRESS: Ellicott City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.; it means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7 to 4-8 4-7, 1949, that I last saw the deceased alive on 4-7, 1949 and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE: John L. Evans M. D.
23B. ADDRESS: Catonsville Md.
23C. DATE SIGNED: 4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-11-49
24C. NAME OF CEMETERY OR CREMATORY: St Johns
24D. LOCATION (City, town, or county) (State): Ellicott City Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F.C. Higinbotham ADDRESS:

VS 150

94a

G73308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G73308 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Rutherford

2. DATE OF DEATH: 4-10-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland University Hos.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D STREET ADDRESS (If rural, give location): Main Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	8-13-1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Manufacturing	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mark Rutherford	Lucy Sealock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	218-09-1372	Mrs. Susie Rutherford	Ellicott City, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4-8-49	Interventricular hemorrhage	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-8, 1949, *to* 4-10, 1949, *that I last saw the deceased alive on* 4-10, 1949, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
William J. Holloway M. D.	University Hospital	4-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-13-49	Edge Hill	Charlestown, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
APR 11 1949	Huntington Williams, M.D.	F.C. Higinbothom, Ellicott City, Md.

VS 150

93D

G73309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73309

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAUDE MAY COPELAND

2. DATE OF DEATH Apr. 8,1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1821 E. North Ave.

c. Length of stay in Baltimore 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1821 E. North Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widow	May 1 1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wales

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas E. Rutley

14. MOTHER'S MAIDEN NAME Letitia Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Allan M. Pirie ADDRESS 1746 E. North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 24 days

DUE TO

(B) Arteriosclerosis — 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1949 *to* Apr 8, 1949, *that I last saw the deceased alive on* Apr 8, 1949, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23A. SIGNATURE Carl Fisher M. D.

23B ADDRESS 1823 N. Washington Ave

23C DATE SIGNED 4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/11/49

24C NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949

REGISTRAR'S SIGNATURE Lucille Taylor Williams, M.D.

25 FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC.

BALTIMORE - 13, MARYLAND

VS 150

937

G73310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73310

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSE GONZALEZ

2. DATE OF DEATH April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1704 Thames Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White			77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
?	?	Spain	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
?		?	Mrs Corral	806 S. Broadway

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardiovascular disease	
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D		4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/11/49	Sacred Heart	Balto. Co.

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Huntington Williams, M.D.	Wm. S. Fialkowski	2007 Eastern ave

VS 151

93D

G73311

BALTIMORE CITY HEALTH DEPARTMENT 584

CERTIFICATE OF DEATH

Registered No. G73311

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Theresa Van Hise

2. DATE OF DEATH: Apr. 7-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2709 Harkington Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	W.	W.	4-1-1889	60.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Austria	

13. FATHER'S NAME: George Keller

14. MOTHER'S MAIDEN NAME: Frances.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Overwhelming Toxemia. Due to Post Operative Gas Bacillus Infection — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) Chronic Cholecystitis + Cholelithiasis 3yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus 1½ Yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/5/49	Cholecystitis-Chronic + Cholelithiasis	YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-26 1949 to 4-7, 1949, *that I last saw the deceased alive on* 4-7, 1949, *and that death occurred at* 4 35 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sidney Johnson Venable Jr M. D.	St. Agnes Hospital	4-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, county, state)
Burial	4/8/49	Meadow Ridge Mem. Park	Washington Blvd. Elkridge

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Hunter Williams, M.D.	Frederick A. Cole	1209 W. Lombard St Baltimore

VS 150

126

G73312

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73312

Registered No.

1. NAME OF DECEASED (Type or Print): Edna Walmsley Elmine

2. DATE OF DEATH: 4/9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the Women of Md.

c. Length of stay in Baltimore: 65 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1901 Boone St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	White	single	August 13, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher		Baltimore, Md.	U.S.A

13. FATHER'S NAME: Augustus H. Elmine

14. MOTHER'S MAIDEN NAME: Catherine M Barrickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Thomas Kramer	972 Mac Dade Blvd Yeadon, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs —

DUE TO

(B) Generalized Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/14/49 19__ *to* 4/9/49, 19__, *that I last saw the deceased alive on* 4/9/49, 19__, *and that death occurred at* 4:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mark C Hood Jr. M.D.	Hosp. Women of Md.	4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 12-1949	Green Mount	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Christine Williams, M.D.	Burgee Funeral Home	3631 Falls Road

VS 150

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G73313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73313
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John E. Conn Sr

2 DATE OF DEATH: APRIL 7 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5003 Park Hgts Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Baltimore
B COUNTY: MD
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D STREET ADDRESS (If rural, give location): 5003 Park Hgts Ave. 27-17

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	White	MARRIED	MARCH 2 1857	92		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
DYE MAKER	BALTIMORE ENAMEL	HEILFORD. BALTO. CO MD	

13. FATHER'S NAME: MARTIN CONN

14 MOTHER'S MAIDEN NAME: MARTHA TIGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No		218-14-1195	MRS HANNAH F CONN	5005 PARK HTS AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Intest Endocarditis DUE TO
(B) General Decline from advanced age DUE TO
(C) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: (A) unknown; (B) —; (C) —

19A. DATE OF OPERATION — 19B MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mch 21 *1949, to* April 7 *, 1949, that I last saw the deceased alive on* April 7 *1949, and that death occurred at* 7:35 *a.m., from the causes and on the date stated above.*

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. C. Ensor M. D.	7201 York Rd	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-11-49	Lorraine Cemetery	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Thurlington Williams M.D.	Loring Byers	5005 Park Heights ave

VS 150

92 B

ES*128015 G73314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

391.0 G73314 Registered No.

BIRTH NO. B.C.-48-12174

1. NAME OF DECEASED (Type or Print): Jerry B. Barrett

2. DATE OF DEATH: April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
c. Length of stay in Baltimore: 10 Mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D STREET ADDRESS (If rural, give location): 1728 Brunt Street 14-2

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Single	May 26, 1948		10	

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	-	Md	

13. FATHER'S NAME: James Barrett

14. MOTHER'S MAIDEN NAME: Signora Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Septicemia due to Streptococci ?	
DUE TO (B)	Bilateral Otitis Media and Otiitis Externa	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Congenital Cerebral Defect	

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-4 *19* 49 *to* 4-8 *19* 49 *that I last saw the deceased alive on* 4-8 *19* 49 *and that death occurred at* 9:35 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	4940 Eastern Avenue	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-11-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1949		Mrs Katie R Williams	322 N Schroeder St

157

89

ES*127962

G73315

BIRTH NO. G73315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73315

1. NAME OF DECEASED (Type or Print): Ross King

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BALTO. CITY HOSPITALS

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Crownsville

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: ???

9. AGE (In years last birthday): 68? (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: (D)

14. MOTHER'S MAIDEN NAME: (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

731X 1

CAUSE OF DEATH

(A) Unknown ?

DUE TO

(B) Paget's disease of bone c secondary sclerosis of bone marrow

DUE TO

(C) Malnutrition?

INTERVAL BETWEEN ONSET AND DEATH: over 1

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-30 19 49 *to* 4-4 19 49, *that I last saw the deceased alive on* 4-4 19 49, *and that death occurred at* 8:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 4940 Eastern Avenue

23C. DATE SIGNED: 4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-12-49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Mrs Kate R Williams ADDRESS 322 N Schroeder St

155

B.C. 49-05535

G73316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

475 Registered No. G73316

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah Evans

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 648 Vine St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F	C		Feb. 1949		1 / 14	

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—		Balto. Md	U.S.a.

13. FATHER'S NAME: Thomas Evans

14. MOTHER'S MAIDEN NAME: Ethel Mae Frieson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
—	—	Thomas Evans 648 Vine St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Upper respiratory infection.
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(C)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	4-12-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Mrs Kate R Williams ADDRESS 322 N Edwards St

VS 151

104a

G73317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73317

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH WATKINS

2. DATE OF DEATH April 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 315 North Schroeder St. 18-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	colored	married	March 1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Richmond, Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Watkins	Margaret Ann Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	World War I		Ada Taylor (sister)	315 N. Schroeder St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute alcoholism	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
DUE TO		
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]	23C. DATE SIGNED
George G. Merrill M.D.		April 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-11-49	Mt. Auburn Cem.	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949		Mrs Katie R. Williams	3221 Edmondson Ave

VS-131

77c

G73318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73318

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John G. Herbig

2. DATE OF DEATH: Apr. 10 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
c. Length of stay in Baltimore: LIFETIME (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-41
D. STREET ADDRESS (If rural, give location): Jenkins Memorial

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 4/10/81
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patent
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathias Herbig — dec'd
14. MOTHER'S MAIDEN NAME: Mary Richter — dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or place of service): NO
16. SOCIAL SECURITY NO: NONE
17. INFORMANT: Mary Kelly Herbig — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Post Operative Athetaxis
(B) DUE TO: Amputation of left leg mid-thigh — 11 days
(C) DUE TO: Embolism Left Femoral Artery
(D) DUE TO: Senile Arteriosclerosis
Diabetes mellitus.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4/7/49
19B. MAJOR FINDINGS OF OPERATION: Gas gangrene Left leg.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30/49, 19 , *to* 4/10 , 1949 *that I last saw the deceased alive on* 4/10 1949 *and that death occurred at* 1:35P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John G. Tansey M. D.
23B. ADDRESS: St Agnes Hospital
23C. DATE SIGNED: 4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/6/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Charles H. Evans & Son Inc
ADDRESS: 118 W. Mt. Royal Ave. 61

VS 1-50

G73319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73319

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosa P. Matthews

2. DATE OF DEATH April 8, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1109 Argyle Ave.
c. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1109 Argyle Ave. 17-2

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Feb. 10, 1875
9. AGE (In years last birthday) 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Edward Pindle
14. MOTHER'S MAIDEN NAME Martha Boston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mrs. Catherine Patterson ADDRESS 1109 Argyle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Renal Disease — Interval between onset and death: Indefinite

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949 *to* April 8, 1949 *that I last saw the deceased alive on* April 1, 1949 *and that death occurred at* 4.30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Charles T. Woodland M. D.
23B. ADDRESS 826 Fawn St
23C. DATE SIGNED 4-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-12-49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Jesse W. Bidden
ADDRESS 436 W. Biddle St

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G73320

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G73320

Registered No.

1. NAME OF DECEASED (Type or Print): MRS Catherine De Santis

2. DATE OF DEATH: Apr. 18, 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

c. Length of stay in Baltimore: 23 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-4
D. STREET ADDRESS (If rural, give location): 3914 Mount Pleasant Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	M	Nov. 21, 1903	45	4	18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	ITALY	U.S.A.

13. FATHER'S NAME: NICOLA NATALE

14. MOTHER'S MAIDEN NAME: Carmela MiRabile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		M. YARMA	Church Home Hosp

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 28hrs
DUE TO
(B) Hypertensive cardiovascular disease — 20 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4·7, 1949, *to* 4·8, 1949, *that I last saw the deceased alive on* 4·8, 1949, *and that death occurred at* 7 50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. M. Howard, M.D.
23B. ADDRESS: Church Home + Hosp.
23C. DATE SIGNED: 4·8·49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: Apr. 12 1949
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM.
24D. LOCATION (City, town, or county) (State): EASTERN AVE BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: [illegible] Williams
FUNERAL DIRECTOR: Frank Della Rose
ADDRESS: 322 S. High St

VS 150

931

G73321

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73321
Registered No.

1. NAME OF DECEASED (Type or Print): Charles Classon

2. DATE OF DEATH: Apr. 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2075 Rockrose Ave 12-8

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Single		70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard	Md. Penitentury	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Classon	Lucy Cratin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mary Classon	217 E. Lorraine Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic hypertension
DUE TO
(B) chronic nephritis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1949, *to* April 10, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 6:05 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. H. Patterman M.D.	3324 Reisterstown Rd	April 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 12, 1949	Cathedral	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Thurlington Williams, M.D.	H. H. Mears and Son	805 N. Calvert St.

VS 150

1316

G73322

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

177

G73322

Registered No.

1. NAME OF DECEASED (Type or Print): William Kuhl

2. DATE OF DEATH: Apr 10 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 2512 Hollins St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 80 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2512 Hollins St 20-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Married	May 19 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10B. KIND OF BUSINESS OR INDUSTRY: Bibb Heating Co
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kuhl
14. MOTHER'S MAIDEN NAME: Alverda Ricktor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-16-8810
17. INFORMANT: Annie M. Kuhl ADDRESS: 2512 Hollins St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis DUE TO
(B) Carcinoma of Prostate Gland ? DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30 1948 *to* Apr 10, 1949 *that I last saw the deceased alive on* Apr 9 1949, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. H. Lemmerther M. D.
23B. ADDRESS: 4209 Hudson Ave
23C. DATE SIGNED: 4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 1[illegible] 1949
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: [illegible] ADDRESS: 4204 Ridgewood Ave

VS 150

513

G73323

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

434.3 G73323

Registered No.

1. NAME OF DECEASED (Type or Print): Nicholas Harry Toomey

2. DATE OF DEATH: Apr 10 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 136 S.Augusta Ave
c. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 136 S.Augusta Ave

20-8

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widower	Feb 20 1852	97		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Engineer	B & O R R	Maryland	

13. FATHER'S NAME: Joseph Toomey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or years of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			P.Cordelia Kelly	136 S.Augusta Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation

DUE TO

(B) Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-8, 1949 *to* 4-10, 1949 *that I last saw the deceased alive on* 4-10, 1949 *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
M.D.	Md Ave.	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 13 1949	Loudon Park	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	Henry Wormack	4204 Ridgewood Ave

VS 150

95c

G73324 -

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 914.5

Registered No. G73324

1. NAME OF DECEASED (Type or Print) ADOLPH DEMINIS N 9 2 0

2. DATE OF DEATH April 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
West Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4222 Anntana Avenue 26-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Married	June 15-1921	27	10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman	Gas & Elec. Co.	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edw. F. Dennis	Mary E. Pierce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWI	215-2-2071	Wife Doris Dennis	4306 Anntana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Electrocution — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

PART II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	street	2900 Block of Albert Street 1615

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
4 7 49 10 a m.	WHILE AT WORK [X] NOT WHILE AT WORK [ ]	Contact with a high voltage line

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Emil Beyer M.D		April 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 8-49	Holy Redeemer	Edmondson Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Huntington Williams, M.D.	John A. Keany.	193 HALETH PL PG MD 27

VS 151

Please write the causes of death clearly and legibly.

G73325
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 81.0

G73325
Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE J. BURKE (V-861.7)

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: 3 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 1633 Rickenbacker Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	April 11-1901	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ind. Mangr.	Bindery Co	Boston Mass.	

13. FATHER'S NAME: Patrick J. Burke
14. MOTHER'S MAIDEN NAME: Josephine McCallister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Owen J. Burke, Same as above

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet Wound of lungs
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	1633 Rickenbacker Rd., Essex, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
April 5, 1949 5:45 P. m.		Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER [X] / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George L. Merrill M.D.		4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 11-49	Sacred Heart	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 11 1949	[illegible]	Thos. G. Connelly - 418 Eastern Ave Balto. 21, Md.

VS 151

166

G73326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73326
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sandie, Mr. Theodore

2. DATE OF DEATH: 4-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

c. Length of stay in Baltimore: 18 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparrows Point
D. STREET ADDRESS (If rural, give location): 25-54 Snyder Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	Mar. 15, 1886	63 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oiler	-	Austria	U.S.

13. FATHER'S NAME: Autman Sandie

14. MOTHER'S MAIDEN NAME: Catonce Paraskiva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Air Embolism	unknown
DUE TO (B)	Operation for	
II. ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Carcinoma of the Bladder	unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Pulmonary Emphysema & myocardial degeneration	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-8-49	Carcinoma of the Bladder	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-29 *, 1949 to* 4-8 *, 1949, that I last saw the deceased alive on* 4-8 *, 1949, and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Albert Haase M.D.	Church Home Hosp.	4-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/49	Sacred Heart	German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	Preston Williams, M.D.	John D. Connelly.	Essex 21, Md.

VS 150

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G73327
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

75 4.0

G73327
Registered No.

1. NAME OF DECEASED (Type or Print): Charles Griffin

2. DATE OF DEATH: April 11, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: N C
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kannapolis, N C
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White		9-10-47	1	7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N C	

13. FATHER'S NAME: Vernit Griffin

14. MOTHER'S MAIDEN NAME: Gladys Dunlap

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
				JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Transposition of great Vessels — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Cardiac Arrest

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY:
Earl L Rogers M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-11-49	Transposition Great Vessels	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-[illegible], 19[illegible] *to* 4-11-, 19[illegible] *that I last saw the deceased alive on* 4-[illegible], 19[illegible] *and that death occurred at* 4.5[illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W H Mueller M. D.	JOHNS HOPKINS HOSPITAL	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	April 11/49	Mansfield Cem	Kannapolis N C

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	Wilson Funeral Home	200 E Orleans

VS 150

157E

G73528 BIRTH NO. B.C.H-30901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 19 0

G73528 Registered No.

1. NAME OF DECEASED (Type or Print) MICHAEL SEKORA N-861?

2. DATE OF DEATH April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 311 S. Maderia St. emw 1-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Single	Aug. 26, 1945	3 emw		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		BALTIMORE	U.S.A.

13. FATHER'S NAME: Michael Sekora

14. MOTHER'S MAIDEN NAME: Helen Jonzak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Michael Sekora	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet wound of heart
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] ~~CAUSE OF~~ DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 421 South Chester Street 1/5

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 11, 1949 approx. 8a m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? firearms

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR

23C. DATE SIGNED April 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4/14/49	SACRED HEART	GERMAN HILL RD MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949	[illegible]	Luffel Bros	1800 E LOMBARD

VS 151

184

SJ

G73329

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

G73329

Registered No.

1. NAME OF DECEASED (Type or Print): Ella S. Winslow. | 2. DATE OF DEATH: April 9-49

3. PLACE OF DEATH: A. Baltimore City, Maryland | Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5916 GREENHILL AVE
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 26-1
D. STREET ADDRESS (If rural, give location): 5916 Greenhill Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	W.	Widowed	March 6 1868	81	1 3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas S. Kipper
14. MOTHER'S MAIDEN NAME: Leah Gill
5916 Greenhill Ave

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT: Dora E. McCaig — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
DUE TO
(B) Hypertension - arteriosclerotic heart disease 20 yr.
DUE TO
(C)

II. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 25 1949 *to* April 9 1949, *that I last saw the deceased alive on* April 9 1949 *and that death occurred at* 1:25 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Adam Stivers M. D. | 23B. ADDRESS: 6232 Belair Rd | 23C. DATE SIGNED: April 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 12-49	Woodlawn Cem.	Woodlawn Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Riggel Bros. — ADDRESS: 7110 Belair Rd

VS 150

937

G733330

JL- 127804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G733330 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert Mitchell

2. DATE OF DEATH: 4-9-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore, City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 546 Conway St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	Negro	Single	June 12, 1915	33 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		Md.	

13. FATHER'S NAME: Walter Mitchell

14. MOTHER'S MAIDEN NAME: Carrie Watts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: B. C. H. 4940 Eastern Ave. ADDRESS: Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Nephrosclerosis

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio Vascular Disease

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: (A) Duration ? (B) 9 Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒ Yes

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 25, 1949, *to* April 9, 1949 *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 9.35A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 4940 Eastern Ave.

23C. DATE SIGNED: 4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Mt Calvary Cem	A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949

REGISTRAR'S SIGNATURE: [signature] Williams, M.D.

25. FUNERAL DIRECTOR: Mrs Lord G. Ellwood ADDRESS: 1129 N. Carlton St 131a

VS 150

G73331

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73331

1. NAME OF DECEASED (Type or Print) Cordella Dotson

2. DATE OF DEATH 4/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25 a a Co. Furnace Branch Rd

D. STREET ADDRESS (If rural, give location) Box 327

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Married	May 10, 1881	67 68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Maryland	

13. FATHER'S NAME William Brooks

14. MOTHER'S MAIDEN NAME Mary Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	Harriet C. Dotson	Furnace Branch Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — DUE TO

(B) Cerebral vascular accident — DUE TO

(C) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/14/49 *to* 4/7/49, *that I last saw the deceased alive on* 4/7/49, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Alan C. Dutton M. D.	South Baltimore General Hosp.	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-12-49	Dotson	A-A-Co Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949		James A Hayes	142 W. Fleet St

VS 150

931

G733332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-10

Registered No. G733332

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Waldemar T. Walters

2. DATE OF DEATH Apr. 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3322 Shelburne Road

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3322 Shelburne Road 27-20

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white	Married	June 8, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lithographer	Tin Can Factory	Germany	U.S.A.

13. FATHER'S NAME John M. Walters

14. MOTHER'S MAIDEN NAME Wilhemenia Krone,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		214-03-4417A	Mrs. Marie Walters,	3322 Shelburne Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Sep 29/48

DUE TO

(B) Pulmonary Emphysema — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep 29, 19 48, to Apr 8, 19 49, *that I last saw the deceased alive on* Apr 8, 1949, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lewis O'Bubert M. D.	4803 Park Heights Ave	Apr 8. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4/12/49	Druid Ridge Cem.	Pikesville, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949		C. Vernon Lemmon	4611 Pk. Hgts. Ave.

VS 150

928

673333

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673333

1. NAME OF DECEASED (Type or Print): SARAH HALL

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 520 Johannsen Street 17-2

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify):
8. DATE OF BIRTH: July 6, 1882
9. AGE (In years last birthday): 66
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Sizer
14. MOTHER'S MAIDEN NAME: Annie Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Jones ADDRESS: 1929 Walbrook Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George L. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/11/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Peter R. Williams ADDRESS: 523 N Schroeder St

937

VS-151

G73334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73334

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARMACOST, MAGGIE — 2. DATE OF DEATH 4-11-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hampstead

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	W	Jan 9 1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Ebaugh

14. MOTHER'S MAIDEN NAME Nancy Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Gordon Armacost ADDRESS Hampstead Md

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic Cardiovascular Dis.	?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.	(B) Cardiac Failure-Pulmonary Edema	over
	(C) Dehydration & Acidosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Solid Tumor of left Ovary	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6- , 1949, *to* 4-11- , 1949, *that I last saw the deceased alive on* 4-11- 1949, *and that death occurred at* 8:15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE W A Merriman M. D. — 23B. ADDRESS University Hospital — 23C. DATE SIGNED 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 14 49	Hampstead	Carroll Co Md

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949 — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR AND ADDRESS Edw C Tipton, Hampstead Md

55E

VS 150

Dr. E.J. Alessi

BIRTH NO. G73535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73535

1. NAME OF DECEASED (Type or Print): Jennie Silvestri

2. DATE OF DEATH: Apr. 9. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3311 Cedarhurst Road
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3311 Cedarhurst Road 27-2

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 2, 1880
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Gugliuzza
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Vinces Sabatino, ADDRESS: 3311 Cedarhurs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Renal Dis. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO
(B) Acute Pulmonary Edema — 6 days
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1943 *to* April 9, 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 11.45A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 6217 Harford Rd
23C. DATE SIGNED: 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

131a

G73336 BALTIMORE CITY HEALTH DEPARTMENT X 539.1 Register No. G73336

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Sanders

2. DATE OF DEATH 4-10-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Kent

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Millington

c. Length of stay in Baltimore 22 days (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location) Box 21

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	White	single	Nov 4 1870	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Sanders	Mary Shingler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Self	above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diverticulum of oesophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aspiration of mucous

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) 4 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-29-49	Gastrostomy	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 3-18, 1949 *to* 4-10, 1949, *that I last saw the deceased alive on* 4-10, 1949, *and that death occurred at* 8⁴⁰ A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Church Home & Hospital	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 14 1949	Millington	Millington Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 11 1949		Edward F. Collison	Millington Md

Rvs 150

116

G73337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 1 3 0

G73337

Registered No.

1. NAME OF DECEASED (Type or Print) Kate A. Lewis — N-929-0

2. DATE OF DEATH Apr. 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1711 N. Hilton St.,

C. Length of stay in Baltimore 89 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1711 N. Hilton St., 1-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Single	Feb 5, 1860	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher

10B. KIND OF BUSINESS OR INDUSTRY Balto. City

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? /

13. FATHER'S NAME Thomas Lewis

14. MOTHER'S MAIDEN NAME Mary M. Veara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Miss Jennie M. Lewis ADDRESS 1711 N. Hilton St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bi-lateral Broncho-pneumonia — 3 days

DUE TO Injuries from fall

(B) severe contusions of right Shoulder, Right Chest and right foot — 10 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
per G. A. Merrill M.D.
Dr. John R. Davis M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1711 no. Hilton street 1-6

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April - 1 - 1949 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

21F. HOW DID INJURY OCCUR? Fell because of foliage and weakness

22. I hereby certify that I attended the deceased from April 1, 1949 to April 10, 1949, that I last saw the deceased alive on April 9, 1949 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE William J. Sullivan M.D.

23B. ADDRESS 2911 Barrison Blvd

23C. DATE SIGNED 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/49	Greenmount	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 11 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

186a

G73338

BIRTH NO. 22-92689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

Registered No. G73338

1. NAME OF DECEASED (Type or Print): William Barnes

2. DATE OF DEATH: 3-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

c. Length of stay in Baltimore: 75 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1560 Richland St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Sep.	June 22, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Barnes (D)	Mary Tilla (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		RECORDS*BALTO. CITY HOSPITALS	4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Arteriosclerotic Heart Disease 2 Yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21 *19*45 *A, to* 3-28. *, 19*49*, that I last saw the deceased alive on* 3-28 *, 19*49*, and that death occurred at* 9:25 *A m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. E. Rogers M. D.	4940 Eastern Ave.	3-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 41949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 21949	Huntington Williams	Commissioner of Health	

VS 150

927

BIRTH NO. 73339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73339

1. NAME OF DECEASED (Type or Print): Paul Kwiecinski (Minsky)

2. DATE OF DEATH: April 9/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 459 Hornel St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE 459 Hornel St. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 459 Hornel St. 26-5

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1893 | 9. AGE (In years last birthday. If under 1 year: Months, Days, Hours. If under 24 hours: Min.): 63.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel | 11. BIRTHPLACE (State or foreign country): Poland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kwiecinski | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or service) | 16. SOCIAL SECURITY NO. 212027853 | 17. INFORMANT: Bertha Kwiecinski 459 Hornel St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)
(A) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO
(B) Metastases to both kidneys. — 6 mos.
DUE TO
Uremia. — 3 days.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: Cystoscopy 11-4-48 | 19B MAJOR FINDINGS OF OPERATION: Carcinoma Bladder. | 20. AUTOPSY? YES NO X

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 30 1948 *to* April 9 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John F. Sepetchi M.D. | 23B ADDRESS: 1802 Eastern Ave | 23C. DATE SIGNED: 4-11-49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried | 24B DATE: April 13/49 | 24C NAME OF CEMETERY OR CREMATORY: Sacred Heart | 24D LOCATION (City, County or State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949 | REGISTRAR'S SIGNATURE: Thos. J. Taylor for Williams M.D. | FUNERAL DIRECTOR: Fred W. Ozarzewski | ADDRESS: 1950 Eastern Ave.

52B

VS 150

673.40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673.40

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Mary Catherine Casey

2. DATE OF DEATH: April 10, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 4309 Arabia Ave.

B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location): St. Joseph's

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F.	W.	Single	Mar. 1, 1890	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Clifton Junior High	Baltimore	

13. FATHER'S NAME: James T. Casey

14. MOTHER'S MAIDEN NAME: Emma E. Clisham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ella J. Casey ADDRESS: 4309 Arabia Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.—it means the disease, injury or complication which caused death.)
(A) Cerebro vascular Accident (hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bronchial asthma

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 9, 1949, *to* April 10, 1949, *that I last saw the deceased alive on* April 10, 19__, *and that death occurred at* 9:20a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Anders Aleen, M.D.	1400 N. Caroline St.	April 10, 19 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 13, 1949	New Cathedral Cem	Old Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949		John A. Mosan	3000 E. Balto St

VS 150

937

673.41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

673.41

Registered No.

1. NAME OF DECEASED (Type or Print) Anthony N. Russo

2. DATE OF DEATH April 10 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 143 N. Ellwood Av

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md
D. STREET ADDRESS (If rural, give location) 143 N Ellwood Av

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 3 1886

9. AGE (In years last birthday) 62 If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY Shoe Maker

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August Russo

14. MOTHER'S MAIDEN NAME Bertha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Vincent J Russo ADDRESS 4207 Russell Balto

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) None known

DUE TO

(C) None

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949, *to* Apr 10, 1949, *that I last saw the deceased alive on* Apr 10, 1949, *and that death occurred at* 11:50 a m., *from the causes and on the date stated above.*

23A. SIGNATURE Charles L. MacMunn M.D.

23B. ADDRESS 2911 E. Baltimore St.

23C. DATE SIGNED Apr. 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 13 1949

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem

24D. LOCATION (City, town, or county) (State) Belair Road

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR John C. Moran ADDRESS 3000 E Balto St

VS 150

94a

G73542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73542

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward B. Kloppel

2. DATE OF DEATH: Apr. 10. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Penna
B. COUNTY: Berks
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reading
D. STREET ADDRESS (If rural, give location): 429 Woodward St.

3B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lord Baltimore Hotel Baltimore & Hanover Sts.

3C. Length of stay in Baltimore: Yrs. 1 day Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	White	divorced	June. 4. 1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Safety Engineer	Amer. Casualty Co.	Baltimore	USA

13. FATHER'S NAME: Edward H. Kloppel

14. MOTHER'S MAIDEN NAME: Mary Berger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes Worl d War II	212-10-3507	Mrs. A. Muhlbach.	201 Woodlawn Rd, -18

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS ? PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. + Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl L. Kiger M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED: Apr. 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 13 1949	Druid Ridge Cem.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949

REGISTRAR'S SIGNATURE: Thomas Lee Williams, M.D.

25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTIMORE Md.

VS 151

94a

G73343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73343

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Daniel Henck

2. DATE OF DEATH: April 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1907 E. Lafayette Ave

8-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Widwoer	Dec. 13, 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sea Food Worker		Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henck	Emily Sisselberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		215-16-2659	Mrs Edith Shipley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic Heart Disease	1 YR?
DUE TO (B)	Generalized Arteriosclerosis	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	with Arteriosclerotic gangrene, Feet.	2-3 weeks
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 16, 1949, *to* April 10, 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 8:00 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maurland Edward Day M.D.	4-E-33rd St -18	April 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial PD	April 12, 1949	Baltimore cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	Henry Sander & Sons Inc.	Baltimore Md.

VS 150

93D

G73:44

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73:44

1. NAME OF DECEASED (Type or Print) Owen Louis Martinsen OWEN MARTINSON

2. DATE OF DEATH 4-9-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1738 Darley Ave 1-5

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June 11 1935 | 9. AGE (In years last birthday) 13 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Owen S. Martinsen

14. MOTHER'S MAIDEN NAME Anna V. Nodolney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO None

17. INFORMANT 1738 Darley Ave
Mr. Owen S. Martinsen

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Myelogenous Leukemia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ...

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7 *, 1949, to* 4-9 *, 1949, that I last saw the deceased alive on* 4-9 *, 1949, and that death occurred at* 8:45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE Benjamin Berdinsky M. D. | 23B. ADDRESS West Balt Gen'l Hosp | 23C. DATE SIGNED 4-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE April 13, 1949 | 24C. NAME OF CEMETERY OR CREMATORY Louden Park | 24D. LOCATION (City, town, or county) Baltimore Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. ADDRESS Baltimore Md.

74a

673545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 673545 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARTHUR KONE

2. DATE OF DEATH 4/8/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto

C. Length of stay in Baltimore Life Yrs. Mon. Days

D. STREET ADDRESS (If rural, give location) 3132 Chestnut Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	Oct 22 '98	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist		Balto.	

13. FATHER'S NAME Frank Kone

14. MOTHER'S MAIDEN NAME Sarah Shaffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	216-10-9076	Sarah Kone	820 N 32 St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Atypical pneumonia	
DUE TO (B)		
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/2 *, 19*49 *to* 4/8 *, 19*49 *that I last saw the deceased alive on* 4/8 *, 19*49 *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles L. Black M. D.	Maryland General	4/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 12 49	Lorraine Cem.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible] for [illegible]	Frank H. Seth	814 N 36th St

VS 150

109a

G73546 B.C.-49-05746 1st Log 764.0 G73546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Tony Roberts

2. DATE OF DEATH: 4-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.

C. Length of stay in Baltimore: 14 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt.
D. STREET ADDRESS (If rural, give location): 1602 N. Gilmor St. 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	S	Mar 18, 1949		14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Roberts

14. MOTHER'S MAIDEN NAME: Viola Jennifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acidosis, D

DUE TO

(B) Pneumonia, Influenza

DUE TO

(C) Probable Rheumatic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30 1949 *to* 4-1, 1949, *that I last saw the deceased alive on* 4-1 1949, *and that death occurred at* 1 45A m., *from the causes and on the date stated above.*

23A. SIGNATURE: K. E. Vaughan Jr. M. D.

23B. ADDRESS: Univ. Hosp.

23C. DATE SIGNED: 4-1-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: University Medical School

24D. LOCATION (City, town, or county) (State): APR 6 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949

REGISTRAR'S SIGNATURE: Cynthia Lee Williams, Jr.

25. FUNERAL DIRECTOR: Commissioner of Health

ADDRESS

VS 150

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G73547 ✓ X 5 G73547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-06378 Registered No.

1. NAME OF DECEASED (Type or Print): BABY GIRL BAUER

2. DATE OF DEATH: 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.

c. Length of stay in Baltimore: Yrs. — Mos. — Days 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 4
D. STREET ADDRESS (If rural, give location) 24 Willow Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	enbnt	3/26/49			3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	Md.	

13. FATHER'S NAME: Joseph Elmer Bauer

14. MOTHER'S MAIDEN NAME: Helen Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mother	Same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fetal atelectasis

DUE TO

(B) Prematurity

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/26 *19*49 *to* 3/29 *19*49 *that I last saw the deceased alive on* 3/29 *19*49 *and that death occurred at* 8 AM *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
N. Mallis M.D.	Univ. Hosp	3/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 6 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 7 1949	Acting for Williams, M.D.	Commissioner of Health	

VS 150

159

73548

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G73548

1. NAME OF DECEASED (Type or Print): Joseph J. Gueydan

2. DATE OF DEATH: April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3214 Lawnview Ave.

C. Length of stay in Baltimore: 43 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3214 Lawnview ave 8-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6/8/1872
9. AGE (In years last birthday): 76
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacques Gueydan
14. MOTHER'S MAIDEN NAME: Fleurine Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Lucie M. Gueydan, ADDRESS: 3214 Lawnview Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs
DUE TO
(B) Hypertensive Cardiovascular Disease ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10 — 1949 to 4-11, 1949 *that I last saw the deceased alive on* 4-10, 1949, *and that death occurred at* 6.45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis J. Januszeski
23B. ADDRESS: 540 N. Linwood Ave
23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 13/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: H. C. Mears & Son
ADDRESS: [illegible] Calvert

VS 150

937

PIETROWICZ

673:49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673:49

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pietrowicz Lottie

2. DATE OF DEATH: April 14 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto,
D. STREET ADDRESS (If rural, give location): 1604 Shakespeare St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W		April 24-1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
h. W.		Md	

13. FATHER'S NAME: Vincent NAWROCKI

14. MOTHER'S MAIDEN NAME: Lillian Popowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Husband	Peter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)

(A) Perforated Diverticulum of Colon & Generalized Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 12 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/30/49	Generalized peritonitis perforated diverticulum	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/30, 19 49, *to* 4/14, 19 49, *that I last saw the deceased alive on* 4/10, 19 49, *and that death occurred at* 5:41 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph Shaw M. D.	Univ. Hosp	4/11

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4-13-49	ST. STANISLAUS	BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 12 1949	[illegible]	George A. Weber

VS 150

123

G73550

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 44

G73550
Registered No.

1. NAME OF DECEASED (Type or Print) SARAH RAND

2. DATE OF DEATH 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL OF BALTO., INC.

C. Length of stay in Baltimore 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-2
D. STREET ADDRESS (If rural, give location) 2233 Eutaw Place

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 4-10-1891
9. AGE (In years last birthday) 58
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abner Hoff
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jacob Rand ADDRESS 2233 Eutaw Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
(A) CEREBRO-VASCULAR ACCIDENT
DUE TO
(B) HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11- , 1949 *to* 4-11 , 1949, *that I last saw the deceased alive on* 4-11 , 1949, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Barnett Berman M. D.
23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-12-49
24C. NAME OF CEMETERY OR CREMATORY Hebrew Herring Run
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949
REGISTRAR'S SIGNATURE [illegible] Williams, M.D.
25. FUNERAL DIRECTOR Jack Lewinske
ADDRESS 2100 Eutaw Pl

VS 150

131a

673351

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 673351 Registered No.

1. NAME OF DECEASED (Type or Print): AGNES MURPHY

2. DATE OF DEATH: April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 667 Gutman Ave.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 667 Gutman Ave. 9-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	Aug. 13, 1860	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ireland	

13. FATHER'S NAME: (Unknown) McNeill

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Richard Murphy	667 Gutman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) SENILITY — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST. (B) — DUE TO

II — (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB. 1, 1949, *to* APRIL 10, 1949, *that I last saw the deceased alive on* APRIL 9, 1949, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold W. Rawson M. D. — 23B. ADDRESS: 1907 Guilford Ave. 18 — 23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 4/13/49 — 24C. NAME OF CEMETERY OR CREMATORY: NEW CEMETERY — 24D. LOCATION (City, Town or County, State): NEW CATHEDRAL BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949 — REGISTRAR'S SIGNATURE: The Clinton Williams Co. — 25. FUNERAL DIRECTOR: William Cook, Inc., 1217 St. Paul St. — ADDRESS

VS 150

1622

G73352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

91

G73352 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH B. RANKLE

2. DATE OF DEATH April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2725 West North Ave.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2725 W. North Ave. 15-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Single	Dec. 24, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Rankle	Ella A. Dennis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	None	William K. Schmidt, Jr., 4805 Edgar Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO Hyoplexy -

(B) DUE TO Arteriosclerosis.

(C) Bronchopneumonia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949, *to* April 11, 1949, *that I last saw the deceased alive on* April 10 1949, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. E. Keedle M. D.	314 W North Ave	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 12 1949	Signature for Williams, Jr.	William Cook, Inc., 1217 St. Paul St.

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G73353 G73353

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Alice L. Sylvia

2. DATE OF DEATH: 4-11-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland B. COUNTY Anne Arundel C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn Park D. STREET ADDRESS (If rural, give location) 4606 Ritchie Highway

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen Hosp

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Dec 17, 1873 | 9. AGE (In years last birthday) Under 1 Year: Months Days; Under 24 Hours: Hours Min.: 75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Annapolis Md | 12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Gideon P. Connor | 14. MOTHER'S MAIDEN NAME: Elizabeth Tussey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO.:

17. INFORMANT: A. Thelma L. Foulkrod | ADDRESS: 1102 Elmwood Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic cardiovascular disease DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 4 1949 *to* Apr 11, 1949, *that I last saw the deceased alive on* Apr 11, 1949, *and that death occurred at* 6:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: William T. Hamm, M.D. | 23B. ADDRESS: South Baltimore Gen Hospital | 23C. DATE SIGNED: 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 4/14/49 | 24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill | 24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949 | REGISTRAR'S SIGNATURE: Municipal Registrar | 25. FUNERAL DIRECTOR: Wilson Corse | ADDRESS: 1214 Hanover St

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Anne or Annie Hilker N-E?P.?

2. DATE OF DEATH: April 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 819 S. Robinson Street 1 1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): *idowed
8. DATE OF BIRTH: August 29, 1875
9. AGE (In years last birthday): 73 If under 1 Year: Months Days If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Jo[illegible]
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give unit or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records-Balto.City Hos itals, Eastern Ave ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bilateral Fractures of Femurs & Pelvis — 3 mos.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 4000 Blk. Eastern Ave.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore, Maryland
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): January 10, 1949
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X
21F. HOW DID INJURY OCCUR? was hit by car. (Ped. struck by car)

22. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Brial
24B. DATE: 4-14-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 4-12-49
REGISTRAR'S SIGNATURE: Huntington *illiams, MD.
25. FUNERAL DIRECTOR: *illiam Cook, Inc. ADDRESS: 1217 St. Paul St.

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6773555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

253 Registered No. 3 6773555

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marshall Dunton

2. DATE OF DEATH: 4/10/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1803 W Mulberry St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 W Mulberry St
c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A STATE: Md. B COUNTY: Balto
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 20-1
D STREET ADDRESS (If rural, give location): 1803 W Mulberry St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	Colored	Single	2/9/19	30	2 / 1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Dunton
14. MOTHER'S MAIDEN NAME: Clara Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Clara Dunton ADDRESS: 1803 Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): (A) Epilepsy
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 25 yrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible] to [illegible] 10, 19[illegible] that I last saw the deceased alive on Mar 31 19[illegible] and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE: E Williams Fre M. D.
23B. ADDRESS: 1728 Penna. Ave
23C. DATE SIGNED: 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-12-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: George S. Nelson ADDRESS: 1303 Pressman St

VS 150

85

673256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673256

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John EDWARD HOFFMAN

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1536 Rosedale St.

c. Length of stay in Baltimore: 22 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1536 Rosedale St. 16-7

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 8, 1875
9. AGE (In years last birthday): 74 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired clerk
10B. KIND OF BUSINESS OR INDUSTRY: P. R. R.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Josiah Hoffman
14. MOTHER'S MAIDEN NAME: Albenia Kuhn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-07-7630
17. INFORMANT: Mr. Harry H. Hoffman
ADDRESS: 511 Yarmouth Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1949, *to* April 9, 1949, *that I last saw the deceased alive on* ____ 19____, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest H. Kuhn, M. D.
23B. ADDRESS: 1735 Poplar Grove Ln
23C. DATE SIGNED: 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/12/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE: Thomas Jos. Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

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673357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673357
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emily Lee Haeussler

2. DATE OF DEATH April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 25-1 Haddon Ave at Woodbrooke

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-2-88
9. AGE (In years last birthday) 60 yrs. If under 1 year: Months, Days. If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wiley H. Anderson
14. MOTHER'S MAIDEN NAME Ida Lee Ferrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Cervix —
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: —

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/8, 1949, *to* 4/11, 1949, *that I last saw the deceased alive on* 4/11, 1949, *and that death occurred at* 8:2 A m., *from the causes and on the date stated above.*

23A. SIGNATURE John Rat. JC — M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED April 11 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 4/12/49
24C. NAME OF CEMETERY OR CREMATORY Bellefountain
24D. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949
REGISTRAR'S SIGNATURE Thurlington Williams, M.D.
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

48a

G73:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73:58

BIRTH NO. B.C.H.-38115 — 80 Registered No.

1. NAME OF DECEASED (Type or Print): EARLE, CHARLES

2. DATE OF DEATH: 10 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL OF BALTIMORE

c. Length of stay in Baltimore: 3 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE
B COUNTY: 1322 N Milton ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1322 N Milton ave. 8-2

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Dec-14-1945
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): preschool child
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman H
14. MOTHER'S MAIDEN NAME: Helen E Charlotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Herman H. Charlotte — ADDRESS: 1322 N milton ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) pulmonary metastases — INTERVAL BETWEEN ONSET AND DEATH: 9 weeks
DUE TO
(B) Wilms tumor (and carcinoma) — 9 months
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: February 1949
19B. MAJOR FINDINGS OF OPERATION: and carcinoma
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1949, *to* 10 April, 1949, *that I last saw the deceased alive on* 10 April, 1949, *and that death occurred at* 4:50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: William V Gross Jr. M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 10 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/13/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR / ADDRESS: Clarence F. Hoffmann 1639 Broadway

VS 150

52a

673359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 93 673359
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alva de Javamillo Alba Javamillo — 2. DATE OF DEATH April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. 7 Mos. 5 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE South America — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Botoza
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	white	married	1-3-02	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Venezuela

12. CITIZEN OF WHAT COUNTRY? Bogota S.A.

13. FATHER'S NAME Lorenzo J. Amago

14. MOTHER'S MAIDEN NAME Albina Garcia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS
JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) encephalopathy
DUE TO
(B) Glioblastoma, rt. parietal 5 mo.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4/4/49
19B. MAJOR FINDINGS OF OPERATION Intracranial neoplasm
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2, 1949, *to* 4-9, 1949, *that I last saw the deceased alive on* 4-9, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward F. Smith M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/13/49		Bogata South America

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR — ADDRESS
Clarence F. Hoffmann 1639 Broadway.

VS 150

54a

BIRTH NO. G73560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73560

1. NAME OF DECEASED (Type or Print): Guy Scrani

2. DATE OF DEATH: Apr. 9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2029 Jefferson St
c. Length of stay in Baltimore: 70 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2029 Jefferson St. 6-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	August. 17. 1866	82	7 / 22	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	--	Itlay	

13. FATHER'S NAME: Frank Scrani

14. MOTHER'S MAIDEN NAME: Mary----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mr. Joseph Scrani — ADDRESS: 414 N. Castle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
DUE TO
(B) Chronic Myocardial Disease
DUE TO
(C) Generalized Arteriosclerosis
Senility

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1949 *to* April 9, 1949, *that I last saw the deceased alive on* April 5, 1949, *and that death occurred at* 3.30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward Bull, M. D.
23B. ADDRESS: 1221 N. Luzerne Ave
23C. DATE SIGNED: 4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 13/49	Holy Redeemer Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Henry Sons
ADDRESS: 2024 Orleans St.

VS 150

93D

~~73,661~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73,661

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4244 Reisterstown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
15-13
(d) Street No. 4244 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lammerdina Schlenger

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-20-0611

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Milton Schlenger
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1899

8. AGE: Years 49 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Paterson, Passaic, N.J. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Housework

FATHER
12. Name Aeyen Westra
13. Birthplace Netherlands

MOTHER
14. Maiden Name Anna Ida DeWeert
15. Birthplace Paterson N.J.

16 (a) Informant Mr. Milton Schlenger
(b) Address 4244 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13, 1949 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Charles Donovan
Address 1510 Liberty Heights Ave

19 (a) APR 12 1949 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1949 at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1936 to April 10 1949.
and that I last saw h[illegible] alive on April 8 1949.

Immediate cause of death: Coronary Artery Disease — Duration 1 hr

Due to

Due to

Other Condition Bronchial Asthma — 15yr

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Schlenger M.D.
Address 4600 Liberty Hts Ave Date signed 4/10/49

VS 150

94a

673362

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673362 Registered No.

1. NAME OF DECEASED (Type or Print): Francis James Hastings	2. DATE OF DEATH: April 10, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital c. Length of stay in Baltimore: Yrs. Mos. Days	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Balto. Co. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hebbville D. STREET ADDRESS (If rural, give location): 2111 Richwood Ave.
5. SEX: M 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 10, 1906 9. AGE (In years last birthday): 42 If Under 1 Year: Months 9 Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Estimator 10B. KIND OF BUSINESS OR INDUSTRY: Neon Sign	11 BIRTHPLACE (State or foreign country): York, Pa. 12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Francis James Hastings	14 MOTHER'S MAIDEN NAME: Catherine McCauley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO: 195-18-7263	17. INFORMANT: Mrs. F.J. Hastings ADDRESS: 2111 Richwood Hebbville, Balto. Co., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Artery Disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED: April 11, 1949
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial	24B. DATE: Apr. 12, 1949	24C. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
		24D. LOCATION (City, town, or county) (State): Randallstown, Md.
DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949	REGISTRAR'S SIGNATURE: [signature]	FUNERAL DIRECTOR: [signature] ADDRESS: 4510 Liberty Hgts. Ave.

VS 151

94a

New Birthcertificate will be mailed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

Registered No. G73683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 PENTWOOD ROAD
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 DAYS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town RURAL - TEXAS, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. TEXAS, MD.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE McLANE BUSSEY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife BENNETT F. BUSSEY DECEASED
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 6, 1891

8. AGE: Years 58 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace COCKEYSVILLE, MD.
(Town, county, and state)

10. Usual Occupation HSEWF.

11. Industry or business —

FATHER
12. Name ROBERT CRAIG
13. Birthplace SCOTLAND.

MOTHER
14. Maiden Name MARY ALEXANDER
15. Birthplace SCOTLAND.

16 (a) Informant JAMES A. CRAIG.
(b) Address 731 BEAVERBROOK RD, BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/49 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's-Transfer
Location Town Road

18 (a) Funeral director Hoffman Funeral Home
(b) Address 625 W. Lafayette St.

19 (a) APR 12 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 12, 1949, at 2.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 11 1949, to APRIL 12 1949 and that I last saw HER alive on APRIL 11 1949.

Immediate cause of death: ACUTE CARDIAC FAILURE. — Duration: 3 MINUTES
Due to HYPERTENSIVE CARDIO VASCULAR DISEASE — 2 YRS.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation NONE.
Major findings of operation:
of autopsy: NONE.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Karlson M. D.
Address 4230 HOCH ROWEN RD Date signed 4-12-49

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

93D

G73564 JL 116149

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73564

Registered No.

1. NAME OF DECEASED (Type or Print): Margaret Jones

2. DATE OF DEATH: 4-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1534 McElderry St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro	Single	Oct. 27, 1930	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norman Jones

14. MOTHER'S MAIDEN NAME: Ruth Beverly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: B. C. H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	1 yr.
DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-13-48	Left Phrenic	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-4 , 1948 *to* 4-10- , 19 49 *that I last saw the deceased alive on* April 10 19 49 *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
[signature] M. D.	4940 Eastern Ave.	4-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 14-1949	St. Johns	Calvert Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949		Robert E Williams	1515 McElderry

VS 150

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G73365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73365

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Walter Robinson

2. DATE OF DEATH: April 8/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 721 N. Spring St

C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 721 N. Spring St

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Clara
8. DATE OF BIRTH: May 15 1889
9. AGE (In years last birthday): 60 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY: Stevedore
11. BIRTHPLACE (State or foreign country): Matthews County
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Caroline Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: 216 10 0506
17. INFORMANT: Clara Robinson ADDRESS: 721 N. Spring St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) hypertensive cardio-renal disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) over 2 yrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-46 to 4-8-49, that I last saw the deceased alive on 3/24/49, and that death occurred at 3 15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] RAYNER BROOKS, M. D.
23B. ADDRESS: 100 EAST MADISON ST BALTIMORE
23C. DATE SIGNED: 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): B C County Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 11 1949
REGISTRAR'S SIGNATURE: [signature] for Wm. Lee Miller, M.D.

25. FUNERAL DIRECTOR: Mrs Pott & Elliott Dgf ADDRESS: 1132 N. Carlton St

VS 150

1312

MARTIN

G73566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150.0 G73566

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Thomas Martin

2. DATE OF DEATH April 11/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters of the Poor Home for the Aged

C. CITY OR TOWN Balto (If outside corporate limits, write RURAL and give township) 18-3

c. Length of stay in Baltimore: 86 Yrs. Mos. Days

D STREET ADDRESS (If rural, give location) 1025 N. Gaterhard.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	W.	Dec. 24, 1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mariner

10B. KIND OF BUSINESS OR INDUSTRY Sailor

11. BIRTHPLACE (State or foreign country) Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Martin

14. MOTHER'S MAIDEN NAME Mary Ann Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Helen Ignatius ADDRESS 1200 Valley St. Balto Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia	4 days
DUE TO (B)	Chronic N. pluritis	5 yrs
DUE TO (C)	Arterio-Sclerosis	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1 , 1949, *to* April 12 , 1949, *that I last saw the deceased alive on* April 10 , 1949, *and that death occurred at* 12:15 pm., *from the causes and on the date stated above.*

23A. SIGNATURE E Gill Hall M. D. 23B ADDRESS 1631 E Monument Ave 23C DATE SIGNED April 12-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4/14/49 24C. NAME OF CEMETERY OR CREMATORY New Cathedral 24D LOCATION (City, town, or county) (State) 4330 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949 REGISTRAR'S SIGNATURE [illegible] 25 FUNERAL DIRECTOR John F. Leonard & Son ADDRESS

VS 150

131a

G73567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. X G73567 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NELLIE HILDITCH

2. DATE OF DEATH: APRIL 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ASHBURTON HOUSE 3520 N. MILTON STREET
C. Length of stay in Baltimore: None Yrs. None Mos. 15 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 2416 MAISEL COURT 25-42

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	WIDOWED	JAN. 13, 1872	77?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BALTIMORE MARYLAND	U.S.A.

13. FATHER'S NAME: SAM REYNOLDS

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		NONE	WILLIAM HILDITCH	2416 MAISEL COURT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	EMBOLISM, CEREBRAL	?
DUE TO (B)	ANEURYSM, SACCULAR, ABDOMINAL AORTA	Unknown
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	DUE TO ARTERIOSCLEROSIS	
(C)	ARTERIOSCLEROSIS, GENERALIZED	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NONE	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEB. 10, 1949, *to* APRIL 10, 1949, *that I last saw the deceased alive on* APRIL 16, 1949, *and that death occurred at* 2:10 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Irvin B. Kamick M.D.	2352 ANNAPOLIS AVENUE	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Cedar Hill	Ruxton Hyg.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	Thos. Williams, M.D.	Edward Foulson	2357 Greenmount Blvd

VS 150

96

G73368

BIRTH NO 4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73368

1. NAME OF DECEASED (Type or Print) James Mariano

2. DATE OF DEATH 4/11/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2519 Ashland Ave.

c. Length of stay in Baltimore 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2519 Ashland Avenue

7-2

5. SEX male
6. COLOR OR RACE white
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) married
8. DATE OF BIRTH 2/24/1881
9. AGE (In years) (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.) 68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Arrow Brewery
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Mariano
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-05-1689
17. INFORMANT Sabastian Mariano - ADDRESS 1508 Eddison Highway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Occlusion	20 minutes
DUE TO	Coronary Sclerosis	Unknown
ANTECEDENT CAUSES (B)	Arteriosclerosis	Unknown
DUE TO		
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* April 6, *, 19* 49 *to* April 11, *, 19* 49 *, that I last saw the deceased alive on* April 11, 1949 *, and that death occurred at* 2:50p. *m., from the causes and on the date stated above.*

23A. SIGNATURE Philibert Artigiani, M.D.
23B. ADDRESS 2942 E. Fayette Street
23C. DATE SIGNED 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/13/49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State) 4430 Belair Road. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949
REGISTRAR'S SIGNATURE Farrington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Schlmunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

94a

BIRTH NO. 73369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 73369

1. NAME OF DECEASED (Type or Print): Anna Brefka

2. DATE OF DEATH: 4/11/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3324 Cliftmont Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 26-3
D. STREET ADDRESS (If rural, give location): 3324 Cliftmont Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	widowed	Dec. 24, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	U.S.

13. FATHER'S NAME: John Komenda

14. MOTHER'S MAIDEN NAME: Barbara Melehar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Jos. Schiminger	3324 Cliftmont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Ascending Colon

DUE TO

ANTECEDENT CAUSES

(B) T.B. of C.V. disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma Ascending Colon	YES ☐ NO ☑

21A. EXTERNAL CAUSE — WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. J. Turbenpa M.D	☑	4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Holy Redeemer [illegible]	4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 12 1949	[illegible]	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS-151

46E

B-104319
G73370

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491

Registered No. G73370

1. NAME OF DECEASED (Type or Print) Charles Miller

2. DATE OF DEATH April 9-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 36yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) No Home 26-12

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Widower	J an. 12-1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
		Maryland	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Jacob Miller	Phoebe Stockis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT'S NAME AND ADDRESS
			Baltimore City Hospitals Records- 4940 Eastern Ave.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Moderate Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. H A S CV D Mod. Pul. Congestion Genl. Arteriosclerosis

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-5- , 1946 *to* 4-9- , 1949, *that I last saw the deceased alive on* 4-9- , 1949, *and that death occurred at* 3.25 Am, *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	Baltimore City Hospitals	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/12/1949	Mt Lanahan Hill Cemetery	Howard Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	Mrs Katie R. Williams	322 N Schroeder St

VS 150

937

G73671

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73371

Registered No.

1. NAME OF DECEASED (Type or Print): William Short

2. DATE OF DEATH: April 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. City General Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1928 Linden Ave 14-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widow	?	81 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Short.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Porter L. Short	3322 St. Ambrose

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic

(B) C. V. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Earle G. Boyer M.D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Western Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	Loring Byers	5005 Pk. Heights Ave

VS 151

9=D

G73372 Selene

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 Registered No. G73372

1. NAME OF DECEASED (Type or Print) Selene Lee

2. DATE OF DEATH 4/10/49

3. PLACE OF DEATH
A. Baltimore City, Maryland Mercy Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp. Inc.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4819 Park Heights Ave 27-17

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH (MARCH(?) 1875
9. AGE (In years last birthday) 75
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Richard Archer
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mr. Hoteon Lee ADDRESS 3525 Dawson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) INTESTINAL OBSTRUCTION; ANURIA — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) CARCINOMA of rectum; completa
DUE TO Procedentia
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1949 *to* April 10, 1949 *that I last saw the deceased alive on* April 9, 1949 *and that death occurred at* 8:39 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Joseph A. Aronte M.D.
23B. ADDRESS Mercy Hospital
23C. DATE SIGNED 4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/13/49
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Loring Byers ADDRESS 5005 Park Heights Ave Balto. 15 Md

46D

VS 150

G73573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17°

Registered No. G73573

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Catharine Ford Harrington

2. DATE OF DEATH: 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11
D. STREET ADDRESS (If rural, give location): 2807 Huntington Ave 12-7

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore? Yrs. 61 Mos. Days

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify)
8. DATE OF BIRTH: 3-10-88
9. AGE (In years last birthday): 61
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Ford
14. MOTHER'S MAIDEN NAME: Emma Boore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Ruth Brown ADDRESS: Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Breast
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

II
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8 months

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-44, 19__, to 4-11-49, ~~19__~~, *that I last saw the deceased alive on* 4-11, 1949, *and that death occurred at* 10-15 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: James W. C. Finney M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/14/49
24C. NAME OF CEMETERY OR CREMATORY: St Mary's
24D. LOCATION (City, town, or county) (State): Hampden.

DATE RECEIVED BY LOCAL REGISTRAR: APR 1 21949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Earl E. Thomsen Sr. ADDRESS: 5615-17 Harford Ave.

VS 150

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G73374

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73374
Registered No.

1. NAME OF DECEASED (Type or Print) **Hattie E.Miller.**

2. DATE OF DEATH **4/10/49**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3111 Keswick Rd.**

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland.**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **3111 Keswick Rd.** 12-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female.	**White**	**Widowed.**	**Oct.3,1882**	**66**		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress.		**Pa.**	

13. FATHER'S NAME **Samuel S.Wagner.**

14. MOTHER'S MAIDEN NAME **Emeline Wolf.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
- ----	216-07-4770	Charles C.Wagner	3111 Keswick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Carcinoma of Liver**
DUE TO
(B) **& generalized Carcinomatosis**
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: **2mo**

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **Jan** *, 19*78*, to* **April 9** *, 19*49* *that I last saw the deceased alive on* **April 9** *19*49*, *and that death occurred at* **9:?0** *P.M., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Laurence Johnmeier M. D.	**3716 Falls Rd**	**4-10-49**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	**4/13/49**	**Greenmount**	**York Pa.**

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21949	Thos Williams, Jr.	**Paul E.Chenoweth Jr.**	**3615 Chestnut Ave**

VS 150

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G73375

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73375

1. NAME OF DECEASED (Type or Print) WILLIAM H. HERBICH

2. DATE OF DEATH 4/10/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 604 S. MONTFORD AVE

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 604 S. MONTFORD AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	SINGLE	3/12/1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHAUFFER	CITY	MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK HERBICH	AMANDA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No —	?	ANNA DORMAN	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage — 1 yrs ago
DUE TO with hemiplegia

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE? (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Geo. L. Peters M. D.	432 N. Calhoun Park Ave	4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
BURIAL	4/13/1949	OAK LAWN	BALTO. CO.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	Thurlington Williams, M.D.	Lilly & Zeiler Inc.	403 S. Wolfe St.

VS 150

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G773376
B. N. -127509

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

G773376
Registered No.

1. NAME OF DECEASED (Type or Print): Joe Coldewy.	2. DATE OF DEATH: April 9, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY:
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto City Hospitals 4940 Eastern Ave,	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
c. Length of stay in Baltimore: 63 yrs ? Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location): 2926 Elliott Street 1-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. Last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	White	SINGLE	?	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE E. COLDEWY	MARY ELLEN ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Records Balto City Hospitals	4940 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Broncho-Pneumonia	
DUE TO (B)	Bilateral Subdural Hermatoma.	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	CERTIFICATION APPROVED BY H. Merrill	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	for: John R. Davis M. D. CHIEF OR ASST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-14-49	Bilateral Hermatoma	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-12 *, 19* 49 *to* 4-9- *, 19* 49 *, that I last saw the deceased alive on* 4-9- *, 19* 49 *, and that death occurred at* 1.05P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Ave	4-11-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/1949	Oak Lawn	Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	Lawton Williams, M.D.	Lilly & Foile, Inc.	403 S. Wolfe St.

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER.

82a

G73577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 4771 G73577

1. NAME OF DECEASED (Type or Print) Charles A. Offendorf

2. DATE OF DEATH 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3421 E. Oliver St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days 8-?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3421 E. Oliver St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	Feb-11-1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Navy Yard - Ward	Balto. Md.	

13. FATHER'S NAME Henry Offendorf

14. MOTHER'S MAIDEN NAME Charlotte Weissner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Florence R. Offendorf ADDRESS 3421 E. Oliver St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	8 hrs
DUE TO	Arteriosclerosis	5yrs.
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Arthritis & Chronic Myocarditis	10 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10, 1949, *to* April 11, 1949 *that I last saw the deceased alive on* April 11 1949 *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE H. Arch Sangenstein M.D.

23B. ADDRESS 1613 N. North Ave.

23C. DATE SIGNED 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-14-49

24C. NAME OF CEMETERY OR CREMATORY Baltimore Mem. North Ave. - Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR John P. Mellvaine

ADDRESS 2425 E. Oliver St

VS 150

93 C

G73578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G73578

1. NAME OF DECEASED (Type or Print) JAMES PATTERSON

2. DATE OF DEATH 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4112 Potter Ave

c. Length of stay in Baltimore? 65 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4112 Potter Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
M	W	Widower	May 2, 1860	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	R.R.	Ireland	

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Walter Patterson	4112 Potter Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)
(A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Arterial Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 4/8, 1949 to 4/12, 1949, that I last saw the deceased alive on 4/10, 1949 and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. H. Brownlee M.D.	4509 Druid Ave	4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-13-49	Cathedral	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	George A. Farley	Fulton and Appleton Sts.

VS 150

832

673579

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673579

1. NAME OF DECEASED (Type or Print) Mary Kennedy

2. DATE OF DEATH 4/10/49

3. PLACE OF DEATH
A. Baltimore City, Maryland East Balt
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Home 27 N. Caney St
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Balt
D. STREET ADDRESS (If rural, give location) 3811 Eastern Ave 9-1

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/15/[illegible]
9. AGE (In years last birthday) If under 1 year: Months, Days. If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mamie E. Kennedy ADDRESS 3811 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO
(B) Anemia — unknown
DUE TO
(C) Arteriosclerosis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24/49, 19__, to 4/9/49, 19__, that I last saw the deceased alive on 4/9/49, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE Helen F. Sorsen M. D.
23B. ADDRESS 401 Edmondson
23C. DATE SIGNED 4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-14-49
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR J. J. Lucas
ADDRESS 5315 Harford

VS 150

93D

673580
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673580
Registered No.

1. NAME OF DECEASED (Type or Print): William TALBOTT
2. DATE OF DEATH: 4/11/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4810 Old Dr. Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4810 Old Dr. Ave 27-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	July 24 - 1898	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Dept. of Conduits	Balto Md	

13. FATHER'S NAME: Wm M. Talbott
14. MOTHER'S MAIDEN NAME: Virginia Lee Cable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. C. Talbott	4810 Old Dr. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. but the disease, injury or complication which caused death.)
(A) Coronary Vascular Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WITH PRIMARY ☐ OR CONTRIBUTORY ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) A.M. P.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Oliver M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-14-49	Druid Ridge	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	Thos Williams, M.D.	[illegible]	[illegible]

VS 151

94a

G73381 — 127476

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73381

1. NAME OF DECEASED (Type or Print): Robert Jones

2. DATE OF DEATH: 4-11-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 50 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 269 Exeter St.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 hours: Hours Min.
M	Negro	Married	Sept. 5/1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Riger	Balto. Rigging	Va.	U.S.A.

13. FATHER'S NAME: Edward Jones

14 MOTHER'S MAIDEN NAME: Reseta Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		B. C. H. Records.	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cirrhosis of the Liver

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11 , 19 49 *to* April 11 , 19 49 *that I last saw the deceased alive on* April 11, 19 49 *and that death occurred at* 5 Am *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. A. Chaga M. D.	4940 Eastern Ave.	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/14/1949	Mt. Calvery Cem.	Brooklyn A.A.Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 12 1949		Elroy O. Wilson	1000 Brantly Ave.

VS 1-56

13C

G73382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73382

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Richard Bennett

2. DATE OF DEATH April 9, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-5

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 29 S. Duncan St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed	10-15-83	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Odd-Jobs		Md.	

13. FATHER'S NAME Joseph Bennett

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 10-15 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, general — DUE TO — ?

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Aneurysm of Aorta — ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3-23 1949 *to* 4-9 1949 *that I last saw the deceased alive on* 4-9 1949, *and that death occurred at* 4 15 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Barton Lee Bayliss M. D.	JOHNS HOPKINS HOSPITAL	4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/1949	Mt. Calvery Cem.	Brooklyn A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21 1949	[illegible]	Elroy O. Wilson	1000 Brantly Ave

VS 150

30D

G73383

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

96 G73383 Registered No.

1. NAME OF DECEASED (Type or Print): Nettie Johnson

2. DATE OF DEATH: April 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 Pierce St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 617 Pierce St. 17-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	Widowed	Unknown	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: John Jones ADDRESS: 617 Pierce St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Jaw
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

II
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Emil L. Beyer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: april 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/5/49	Mt Calvery	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	Elroy C. Wilson	457

G73584

BIRTH NO. JL- 127824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G73584 Registered No.

1. NAME OF DECEASED (Type or Print): Missouri Mills

2. DATE OF DEATH: 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 19 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 746 Lexington St.

4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
F	Negro	Wid.	March 12, 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		S. C.	

13. FATHER'S NAME: Hanton Gates

14. MOTHER'S MAIDEN NAME: Elizaberth Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypertensive Heart Disease	4 yrs
	DUE TO	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Bronchopneumonia	2 wks

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ No ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27 *, 19*49*, to* 4-11 *, 19*49 *that I last saw the deceased alive* April 11 *, 19*49*, and that death occurred at* 2.05 pm *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Ave.	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 16 49	Mt Centrum	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 21949	for Williams, M.D.	Va Brooks	1463 N. Carey St

VS 150

93

G73385 ✓

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13

G73385 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Sarah Carmine

2. DATE OF DEATH 4/11/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 1035 Riverside Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1035 Riverside 24-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	July 8, 1881	67 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U.S.A.

13. FATHER'S NAME Isaac Winchester

14. MOTHER'S MAIDEN NAME Rebecca Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	None	Florence R. Carmine	1035 Riverside Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Cachexia — 6 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Chronic Myocarditis — 1 year

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 19 49 *to* April 11, 19 49 *that I last saw the deceased alive on* 4/11 19 49 *and that death occurred at* 5P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Isaac Hubbs M. D.	1918 Charles St	4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/15/49	Baltimore Cem	E. end of North Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible]	John F. Henry Inc	715 Light St.

VS 150

47D

G73386 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

G73386 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles L. Poole

2. DATE OF DEATH 4/9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Brooklyn Park
D. STREET ADDRESS (If rural, give location) 410 Orchard Ave. (25)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Married	12/27/1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Illinois	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Poole	Emma Striker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No —	212-07-7337A	Mrs Estella Poole	410 Orchard Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Hypertensive C-V Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 12 days
(B) ?
(C)

19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/49 *to* 4/9/49, *that I last saw the deceased alive on* 4/9/49, *and that death occurred at* 2 05 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. 23B. ADDRESS SBGH 23C. DATE SIGNED 4/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Glen Haven	Ritchie Highway MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	Huntington Williams, M.D.	John F. Denny, Inc	715 Light St - 3

APR 0s 156

93 D

G73587 — BALTIMORE CITY HEALTH DEPARTMENT — G73587

CERTIFICATE OF DEATH

Registered No. 7541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hazel Wilson

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 24H

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Michigan
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Detroit
D. STREET ADDRESS (If rural, give location): 4603 Haverhill

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-6-12
9. AGE (In years last birthday): 36 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred. Lamoreaux
14. MOTHER'S MAIDEN NAME: Blanche Burgett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Heart Disease
DUE TO (Patent Ductus Arteriosus)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

CERTIFICATION APPROVED BY
G. O. Merrill
For: Wm. B. Helfrich M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH: 34 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hemorrhage & Atelectasis during operation probable Ether.

19A. DATE OF OPERATION: 4/12/49
19B. MAJOR FINDINGS OF OPERATION: (Patent Ductus Arteriosus) Congenital Heart Disease
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1949 to 4/12, 1949 that I last saw the deceased alive on 4/12, 1949, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: Edwards A. Park Jr. M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 4/12/49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Detroit, Michigan

DATE RECEIVED BY LOCAL REGISTRAR: APR 12 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Wm Cook Inc — ADDRESS: 1217 St Paul St.

VS 15 Medical By Case to be approved 157E

G73588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73588

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD PYCHA

2. DATE OF DEATH 4-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 125 Chapelside #2 H-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	S	10-10-85	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section hand	Railroad	Balto Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
V. James	Pyzdra
	Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Self	

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Lung abscess, left	unk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Pulmonary tuberculosis	unk

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-31-1949 *to* 4-7-1949 *that I last saw the deceased alive on* 4-7-1949, *and that death occurred at* 9:25 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Allyn C. Judd M. D.	Mercy Hospital	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-13-49	Baltimore National	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 12 1949	[illegible] Williams, Reg.	Frank Corrado Son	900 E Eastern

Form 150

1140

G73589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73589 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RAYMOND NAY

2. DATE OF DEATH: March 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 727 W. Baltimore Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 727 W. Baltimore Street 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White			53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED March 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: University Medical School
24D. LOCATION (City, town, or county) (State): APR 6 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 151

13B

G73590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73590

BIRTH NO.

1. NAME OF DECEASED (Type or Print) [illegible]HASSEN HARRISKA S

2. DATE OF DEATH March 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 16 S. Broadway 2-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White			65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Ins. & Inquiry *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Earl L Royer M.D		3-[illegible]-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 6 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 7 1949	Huntington Williams, M.D.	Commissioner of Health

VS 151

94a

73:91

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581-1 G73:91 Registered No.

1. NAME OF DECEASED (Type or Print) Martha Kelly

2. DATE OF DEATH March 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 8½ Franklintown Road 16-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 1 Day: Hours / Min.
Female	White			37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Fatty degeneration of liver	
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chronic Alcoholism	

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Carl L. Kaye M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED 3-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY University Medical School

24D. LOCATION (City, town, or county) (State) APR 6 1949

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Commissioner of Health ADDRESS

VS 151

1242

CERTIFICATE CORRECTED [illegible]

73:92

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73:92

BIRTH NO.

1. NAME OF DECEASED (Type or print) Charles Norman Addison

2. DATE OF DEATH 4/11/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY City

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 914 St. Barnumas Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-1

D. STREET ADDRESS (If rural, give location) 914 St. Barnumas Court

c. Length of stay in Baltimore: Yrs. Mos. Days

6. SEX M. 7. COLOR OR RACE Col. 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Write) Widowed 9. DATE OF BIRTH 3-4-1899 10. AGE (In years last birthday) 58 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wash. D.C. 12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Perry Addison

14. MOTHER'S MAIDEN NAME ? Lucy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lillian Morris 914 St. Barnumas Ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO Pulmonary Tuberculosis and

(B) Arteriosclerosis

DUE TO

(C)

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3/20/49 4/11/49

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20 19 49, to 4/11 19 49, that I last saw the deceased alive on 4/11 19 49, and that death occurred at 6 P.M., from the causes and on the date stated above.

23A. SIGNATURE Wm Causey M. D. 23B. ADDRESS 333 Cooper St 23C. DATE SIGNED 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4/16/49 24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary 24D. LOCATION (City, town, or county) (State) Cedar Hill ave.

DATE RECEIVED BY LOCAL REGISTRAR APR 1 1949 REGISTRAR'S SIGNATURE Clayton Williams, M.D. 25. FUNERAL DIRECTOR W. Halstead ADDRESS 918 Druid Hill ave.

VS 150

12R

G73593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73593

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Amelia M.Harris

2. DATE OF DEATH: April 12th.1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3502 Clifton Avenue Petherbaff Nursing Home

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1412 E.Lafayette Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Female	White	Widowed	July 18th.1867	81	8	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Baltimore,Maryland	Yes

13. FATHER'S NAME: Henry Grewe

14. MOTHER'S MAIDEN NAME: Sophia Saale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	None	Mrs.Josephine Weirel,1504 E.Lafayette Ave. Balto:Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocardial Insufficiency	4 days
DUE TO (B)	Arteriosclerosis	10 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 9, 1949, *to* April 11, 1949, *that I last saw the deceased alive on* April 11, 1949, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arthur J Davies M.D.	200 W 33rd St - 11	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-14-49	Holy Redeemer	Belair Rd.Balto:Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 13 1949	Carlington Williams M.D.	George J.Ruth,Inc. 1735 Harford Avenue

VS 150

937

G73594 BIRTH NO. B.C. 49 00441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

571.0 G73594 Registered No.

1. NAME OF DECEASED (Type or Print): EDWIN GORDON JR.

2. DATE OF DEATH: 4-11-49.

3. PLACE OF DEATH: A. Baltimore City, Md. 519 W. BIDDLE ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 519 W. BIDDLE STREET 17-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	COLORED	CHILD	1-12-49		3 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDWIN GORDON SR.
14. MOTHER'S MAIDEN NAME: CHRISTINE KELLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: EDWIN GORDON SR. — ADDRESS: 519 W. BIDDLE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia
DUE TO
ANTECEDENT CAUSES
(B) Malnutrition
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Diarrhea

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —
19B MAJOR FINDINGS OF OPERATION —
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4-11-1949 *to* 4-11-1949, *that I last saw the deceased alive on* 4-11-1949 *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr. Herman Leider M.D.
23B ADDRESS: 2404 Eutaw Pl
23C DATE SIGNED: 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-13-49
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D LOCATION (City, town, or county) (State): BALTIMORE 30. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25 FUNERAL DIRECTOR — ADDRESS: WILLIAM A. JACKSON - 916 Penna. Ave.

VS 150

119a

G73595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33

G73595

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Rosen

2. DATE OF DEATH 4-12-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount Nursing Home

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4023 Reisterstown Road 15-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat Maker

10B. KIND OF BUSINESS OR INDUSTRY Hat mfg. Co

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Morris Rosen

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mitchell I. Rosen ADDRESS 2665 Oswego Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO Arteriosclerosis & Pernicious Anemia.

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Unknown Jan 1949

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1949 *to* April 12, 1949 *that I last saw the deceased alive on* April 12 1949, *and that death occurred at* 7.30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Leslie H. Kahnweiler M.D.

23B. ADDRESS 3700 Park Heights Av

23C. DATE SIGNED 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-13-49

24C. NAME OF CEMETERY OR CREMATORY Ohel Yakov Cong.

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 7 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR S. Levinson & Bros. ADDRESS 1124 W North Av

VS 150

8-2 B

G73:96

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 416

G73:96

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Anna Elizabeth Bender

2 DATE OF DEATH 4-11-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Balto Hosp

c. Length of stay in Baltimore 30 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1262 James St 21-2

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 7 | 9. AGE (In years last birthday) 43 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H W | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Phila. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Jacobs

14. MOTHER'S MAIDEN NAME Vera Cacbos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Stanley Bender ADDRESS 1262 James St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

(B) Pulmonary infarction

DUE TO

(C) Rheumatic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 7, 1949 *to* Apr 11, 1949 *that I last saw the deceased alive on* Apr 11, 1949, *and that death occurred at* 11 05 p m., *from the causes and on the date stated above.*

23A. SIGNATURE William T. Hawn, M. D. | 23B ADDRESS South Baltimore Gen Hospital | 23C DATE SIGNED 4-11-49

24A. BURIAL, CREMATION (Specify) | 24B. DATE April 14-49 | 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer | 24D. LOCATION (City, town, or county) Belair Rd (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1949

REGISTRAR'S SIGNATURE Williams M.D.

25. FUNERAL DIRECTOR Joseph Kaminskas Inc ADDRESS 95B 602 Wash. Blvd

VS 150

673:97

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 Registered No. 673:97

1. NAME OF DECEASED (Type or Print) Gabriella A. Bedford

2. DATE OF DEATH April 11th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1974 Perlman Place

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1974 Perlman Place 8-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Divorced	Mar 24th 1903	46		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mr. Bedford ADDRESS 1974 Perlman Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Uterus — INTERVAL BETWEEN ONSET AND DEATH 1 yr

DUE TO

(B) General Calcinmetastasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-7-49 *to* 4-12-49, *that I last saw the deceased alive on* 4-12-49, *and that death occurred at* 4:45 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frederick Snyder, M.D.	600 N Patterson Park Ave	4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	April 15th 1949	Emmanuel	2809 Erdman Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	[signature] Baltimore, Md.	Lee H. Lewis	1703 N. Patterson Park Ave

48B

G73598
F.-128180

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G73598
Registered No.

1. NAME OF DECEASED (Type or Print): Harrie Burnham

2. DATE OF DEATH: 4-12-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave
C. Length of stay in Baltimore: 30 YEARS (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1325 Linden Ave. 11-4

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15, 1884
9. AGE (In years last birthday): 64 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records Balto City Hospitals Eastern Ave ADDRESS 4940

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Hypertensive Arteriosclerotic Heart Disease- 3 yr
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Secondary anemia , orgin unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11 19 49 *to* 4-12 19 49, *that I last saw the deceased alive on* 4-12- 19, *and that death occurred at* 6.30 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. L. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: April 14th 1949
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Oliver's Greenmount

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Leo G. Leach ADDRESS: 1703 N. Patterson Park Ave 21

G73599 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73599 Registered No.

1. NAME OF DECEASED (Type or Print): Alfred Henry Hood

2. DATE OF DEATH: 11 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA West Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 25-4
D. STREET ADDRESS (If rural, give location): 901 AFT COURT BROOKLYN

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	MARRIED	MARCH 5, 1893	56 YRS		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SERVICE MAN	SOUTHERN FUEL OIL	MARYLAND	

13. FATHER'S NAME: ALBERT HOOD

14. MOTHER'S MAIDEN NAME: LOUISE RUPP

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		MYRTLE R. HOOD - 901 AFT COURT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE (WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Hammer, Jr. M.D.		13 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 15/49	Woodlawn	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Huntington Williams, M.D.	Einstein E. Donovan	3638 Roland Ave

VS 151

94a

G73400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

G73400 Registered No.

1. NAME OF DECEASED (Type or Print): SARAH L. COLE

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Nursing Home, 3604 Mohawk Avenue
c. Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3702 Kimble Rd.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widow	March 24, 1861	88 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
housewife		Queen Ann Co., Md.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Wm. D. Lucas	Louisa Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
-	-	Mr. Charles Cole	901 W. University Pkwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: March 15 1949
DUE TO
(B) Chronic Bronchitis (Bronchiectasis?) — years
DUE TO
(C) arteriosclerosis chr nephritis Nov Protein Nitrogen 85 mg %

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 24, 1942, *to* Apr 12, 1949, *that I last saw the deceased alive on* Apr 12, 1942, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
John A. Luetscher M. D.	12 E Eager St	Apr 13/1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/15/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 13 1949	[illegible] Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

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G73401

G73401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE E. REID

2. DATE OF DEATH APRIL 10, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2100 RIDGEHILL AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2100 RIDGEHILL AVE

c. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 2100 RIDGEHILL AVE 1-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
FEMALE	WHITE	WIDOWED	FEB. 18, 1870	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		KNOXVILLE, MARYLAND.	

13. FATHER'S NAME: JOHN WESLEY PORTER

14. MOTHER'S MAIDEN NAME: LEAH E. WEIRD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NONE	MR. EDWARD F. REID,	3302 WESTFIELD AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Cerebral Thrombosis	3 days
DUE TO (B)	Diabetes Mellitus	10 years
DUE TO (C)	Arteriosclerosis	5 years
	old age -	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1937, *to* April 10, 1949, *that I last saw the deceased alive on* April 9, 1949, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Egbert K. Mortimer Jr M.D.	2706 St Paul St	4/12/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	APRIL 13, 1949	WOODLAWN	WOODLAWN, MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Huntington Williams, M.D.	Wm. J. TICKNER & SONS,	Balto., Md.

VS 150

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G73402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73402

1. NAME OF DECEASED (Type or Print): CLARA ELLEN TROTTON

2. DATE OF DEATH: Apr. 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1532 Park Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1532 Park Ave.

14-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	single	Mar. 14, 1869	80 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher (Ret'd)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Trotton

14. MOTHER'S MAIDEN NAME: Ellen M. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Benjamin Trotton
ADDRESS: 2916 Presstman St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

(B) Arterio-Sclerosis, Hypertension — Gradual

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1937, 19__, *to* April 10, 1949, *that I last saw the deceased alive on* April 10, 1949, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. H. Brady M. D.

23B. ADDRESS: 1413 York Rd.

23C. DATE SIGNED: 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/13/49

24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949

REGISTRAR'S SIGNATURE: Covington Williams M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

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3403

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G73403 Registered No.

1. NAME OF DECEASED (Type or Print): JOHN E. MILLER

2. DATE OF DEATH: Apr. 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 942 Poplar Grove St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 942 Poplar Grove St. 16-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married	July 12, 1883	65 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman	Pittsburgh Plate Glass Co.	Baltimore, Md.	

13. FATHER'S NAME: John W. Miller

14. MOTHER'S MAIDEN NAME: Margaret Hubbard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			Mrs. Ella Miller	942 Poplar Grove St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A) cerebral hemorrhage

DUE TO

B) hypertension &

DUE TO

arteriosclerosis

C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 18 hours

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1972 *to* 4-11, 1972 *that I last saw the deceased alive on* 4-11, 1972, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leay Calumon M.D.

23B. ADDRESS: 120 Poplar Grove St

23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/14/49	Cedar Hill Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

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G73404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73404 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE AMENT

2. DATE OF DEATH April 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2700 Beryl Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
male	white	Married	Oct 18, 1870	78	5	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md	

13. FATHER'S NAME — Ament

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—		

17. INFORMANT Nancy Ament ADDRESS 2700 Beryl Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis

(B) C.V. Disease DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 15/49	Cedar Hill Cem	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	[signature]	Philip Herwig Sons	Carlton & 925

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G73405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 490

G73405 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isaiah P. Borton

2. DATE OF DEATH: 4-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1738 Druid Hill Ave 14-2

5. [illegible]	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Single	29 June 1887	61	9 / 11	

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	School system	Maryland	U.S.A.

13. FATHER'S NAME: John Borton

14. MOTHER'S MAIDEN NAME: Harriett Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mary P Borton	1738 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 Days

DUE TO

(B) acute cardiac decompensation — 24 Hrs.

DUE TO hypertension

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	—	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November, 1948, to April 10th, 1949, *that I last saw the deceased alive on* April, 1949, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James L Carr, M. D.	1727 Madison Ave	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/14/1949	Mt. Zion	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	[redacted]	Wm. George F. A. Gibson	1793 Druid Hill Ave

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G73406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73406
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarantas Sempeles

2. DATE OF DEATH: Apr. 10-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. COUNTY
B. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 84 Kenneth Ave. 20-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W.	Single	May 1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Greece	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Constantine Sempeles died	Lillian — died

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis
DUE TO
(B) Primary Hepatoma Liver
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4 weeks ??

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/5/49	Advanced Inoperable Cancer of Liver	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/18/49, 19, *to* 4/10, 1949, *that I last saw the deceased alive on* 4/10, 1949, *and that death occurred at* 2:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Tansey, M.D.	St Agnes Hospital	4/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Greek Cemetery	Greek Cem Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/13/49	Washington Williams	Lambros Inc.	440 E. North Ave

150

46F

G73407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73407

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Florence Hill

2. DATE OF DEATH: 4-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1529 Mc Elderry St
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto
D. STREET ADDRESS (If rural, give location): 1529 Mc Elderry 7-5

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 6-10-88
9. AGE (In years last birthday): 60
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Ridgely
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Beatrice Green
ADDRESS: 1529 Mc Elderry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) arterio-sclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 1944 *to* 4-8, 1949 *that I last saw the deceased alive on* 4-5, 1949, *and that death occurred at* 7 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature]
ADDRESS: 1500 EAST MADISON ST BALTO MD
23B. [illegible] BROWNE, M. D.
23C. DATE SIGNED: 4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4-12-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949
REGISTRAR [illegible]
25. FUNERAL DIRECTOR: Byron & Minnie Wright
ADDRESS: 721 Argyle

937

G73408 ✓ G73408

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): FRANK LEWIS SCHROEDER

2. DATE OF DEATH: April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5 North Wheeler Street 20-2

5. SEX	6. COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white	married	aug. 15-1898	~~52~~ 50	7. 27.	

10A. USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Freight Delivery man.		Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Theodore Schroeder	Martha L Schroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.		Mrs. Violet Schroeder	5 N. Wheeler

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary occlusion	
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McClafferty M.D.		April 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 14/49	Lorraine Cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Huntington Williams M.D.	Maurice C. Byfer	1600 W. North Ave.

VS-11A

94a

BIRTH NO. G73409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73409

1. NAME OF DECEASED (Type or Print): Maude M. Piquett

2. DATE OF DEATH: 4/12/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3211 Abell Avenue

C. Length of stay in Baltimore: About 74 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3211 Abell Avenue 12-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Female	White	Widowed	------	About 74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	-------	Baltimore, Md.	

13. FATHER'S NAME: William Kremer

14. MOTHER'S MAIDEN NAME: Not obtainable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Howell C. Swaltney	[illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) My coronal thrombosis — DUE TO (Shock from husband's death 1/2 hr. before.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* (Last saw 1/2 hr before) *to* 4/30 19, *that I last saw the deceased alive on* Apr. 12, 19 *and that death occurred at* 6 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thos. E. Nelson M. D.	3 W. Biddle St.	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/15/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Williams M.D.	H. W. Weates and Son	805 N. Calvert St.

VS 150

93E

G73410 ✓ G73410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Joseph J. Piquett

2. DATE OF DEATH: 4/12/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland, Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3211 Abell Avenue
c. Length of stay in Baltimore: About 72 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3211 Abell Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	-----	About 72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	B. & O. Railroad	Baltimore, Md.	

13. FATHER'S NAME: John Philip Piquett

14. MOTHER'S MAIDEN NAME: Louisa E. Lipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Howell C. Gwaltney	15 E. Saratoga

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Hypertension — 5 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Death Hosp. *to* Dec'd, 19 , *that I last saw the deceased alive on* Apr. 2, 19 49 *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Anthony E. Urban, M. D.	3 W. Biddle St.	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/15/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Carlton Williams, M.D.	H. W. Meeks and Son	803 N. Calvert St.

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G73411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73411
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN K. ROBINSON

2. DATE OF DEATH: Apr. 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3305 Winterbourne Rd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3305 Winterbourne Rd. 16-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	single	May 10, 1867	81 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
bookkeeper	George Blome	Balto., Md.	

13. FATHER'S NAME: Andrew Robinson

14. MOTHER'S MAIDEN NAME: Isabel White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	218-07-6763	Mrs. M. B. Houck	3305 Winterbourne Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma Occlusion	2 hrs.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	Chronic Myo-Endocarditis (Primary in 1946)	?
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Mild Arterio-Sclerosis with Hypertension	?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 26, 1949, *to* April 11, 1949, *that I last saw the deceased alive on* 4/11, 1949, *and that death occurred at* 7:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maurice E. Abrams M. D.	3300 W. North Ave.	4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/13/49	Loudon Pk.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

Huntington Williams, M.D.

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Dr. Janney G73412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73412 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NORMAN L. KISLING

2. DATE OF DEATH: Apr. 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7203 Shadowlawn Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 7203 Shadowlawn Avenue 27-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	June 7, 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Kisling

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Marjorie Kisling ADDRESS: 7203 Shadowlawn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
DUE TO
(B) Arteriosclerotic C. V. Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 4 1949 *to* Apr. 11, 1949 *that I last saw the deceased alive on* Apr. 11 1949, *and that death occurred at* 6:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nathan Janney M. D.	7101 Harford Rd.	4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-14-49	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 13 1949	Kathryn Williams	Leonard J. Ruck, 5305 Harford Road.

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G73413 BALTIMORE CITY HEALTH DEPARTMENT E 81-4 G73413

BIRTH NO. GREGORY JUSZKOWIEC CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print)	George Yaskowich V 808 0	2. DATE OF DEATH	April 11, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 226 E. Cross St. 24-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
M	W	Married	Not known	64				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) + none	10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Russian	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Yaskowich		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO 218-14-7538	17. INFORMANT Mrs Mary Yaskowich	ADDRESS 226 E. Cross St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Fracture, pelvis	
	DUE TO Automobile accident	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Patterson Park Ave. & Chase St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 11, 1949 — A.M.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	8/4

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McCafferty M.D.		April 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 14-49	Holy Trinity Russian	Cokridge Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Huntington Williams M.D.	John A. Tsibluckas, Jr.	170c 423 S. Paca St.

VS 19

G73414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

Registered No. G73414

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Scio "Frank Scio"

2. DATE OF DEATH: 4/11/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 107 Mallowhill Rd. 1.4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	married	Aug. 15 84	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired fruit dealer		Italy	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Scio	Mary Dorteni

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	—	Gertrude R. Scio - 107 Mallow Hill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cachexia — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

(B) Gastro-colic fistula — years

DUE TO

(C) Ulcer of gastrointestinal stoma

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Marked pulmonary emphysema — years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-22, 1949 to 4-11, 1949 that I last saw the deceased alive on 4-11, 1949, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sidney Johnson Veatch Jr. M.D.	St. Agnes Hospital	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	4-17-49	Mt. Olivet	Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 13 1949	Livingston Williams M.D.	F. B. Tippett & Sons, Inc.	2 E. Eutaw St.

VS 150

117a

G73415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73415 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William F. Bauernschmidt

2. DATE OF DEATH Apr. 8. 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
D. STREET ADDRESS (If rural, give location) Wilton Farm -

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Nursing Home

c. Length of stay in Baltimore ? Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	2-25-1875	74				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Bauernschmidt

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mildred - Daisy - ADDRESS Wilton Farm

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 1/10-49

DUE TO

(B) Chronic Nephritis

DUE TO

(C) Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10 *, 1949 to* April 8 *, 1949, that I last saw the deceased alive on* April 8 *, 1949, and that death occurred at* 8 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE Chas. D. Cohn M.D.

23B. ADDRESS 2450 W. Belvedere Ave

23C. DATE SIGNED 4/11-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried

24B. DATE Apr. 11 /49

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR C. F. Blickert & Son. ADDRESS 3300 Eutaw Pl.

VS 150

1218 17

G73416
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20/1 G73416
Registered No.

1. NAME OF DECEASED (Type or Print) John F. Finkernagel

2 DATE OF DEATH 4-12-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3211 Ravenwood Ave. T-1

5. SEX	6 COLOR or RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	April 20, 1883	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Pensioner		Maryland	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
George Finkernagel	Anna Ols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — DUE TO

(B) Coronary occlusion — DUE TO

(C) Arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/11, 1949, *to* 4/12, 1949 *that I last saw the deceased alive on* 4/12, 1949, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23A SIGNATURE	23B. ADDRESS	23C DATE SIGNED
William F. Haines M.D.	1218 Light Street (30)	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/15/49	Cedar Hill	[illegible] Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 11 3 19 PM 1949	Huntington Williams M.D.	[illegible] Inc.	129 W. Paul St

VS 150
APR 14 1949

93 D

G73417

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73417

Registered No.

1. NAME OF DECEASED (Type or Print): HARRY A. SPROW

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2308 N. Clavert St.

c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2308 N. Calvert St. 1-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	Nov. 24, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	May Oil Burner	Virginia	

13. FATHER'S NAME: George B. Sprow

14. MOTHER'S MAIDEN NAME: Maria Gummo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		212-07-4745	Mrs Emma Pohlman Sprow	2308 N. Calvert St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Apoplexy	3 days
DUE TO (B)	Arteriosclerosis	?
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 10, 1949, *to* April 12, 1949 *that I last saw the deceased alive on* April 11, 1949, *and that death occurred at* 5:40 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maurice S. Abramson M. D.	3200 N. Charles	4/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/14/49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: William Cook, Inc., ADDRESS: 1217 St. Paul St.

VS 150

APR 14 1949

83a

G73418

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73418

Registered No.

1. NAME OF DECEASED (Type or Print): Robert W. Walters

2. DATE OF DEATH: 4-13-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 21-1
D. STREET ADDRESS (If rural, give location): 522 S. Hanover St (30)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 6, 1920
9. AGE (In years last birthday): 29 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10B. KIND OF BUSINESS OR INDUSTRY: Coffee Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R. Walters
14. MOTHER'S MAIDEN NAME: Ola Minton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-32-4926
17. INFORMANT: Mrs. Ola Walters ADDRESS: 522 S. Hanover St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Glomerulonephritis
DUE TO
(B) Uremia, Pulmonary Edema

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10, 1949, *to* 4/13, 1949 *that I last saw the deceased alive on* 4/13/49, 19__, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: William T. Ho[illegible] M. D.
23B. ADDRESS: 1213 Light St (30)
23C. DATE SIGNED: 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): [illegible]

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Hunting Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150

1216

CERTIFICATE CORRECTED 4-22-49 ✓

G73419

BALTIMORE CITY HEALTH DEPARTMENT 443

CERTIFICATE OF DEATH

G73419

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY F. SOMERS

2. DATE OF DEATH 4-13-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Convalescent Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-4

D. STREET ADDRESS (If rural, give location) 2129 N. Calvert St.

c. Length of stay in Baltimore 28 Yrs. ~~Mos.~~ ~~Days~~

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	April 1, 1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk		Crisfield, Maryland	U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		John Somers	Crisfield, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Hypertensive Cardiovascular disease	7 yrs
DUE TO		
(B)	Right Hemiplegia	5 yrs 9 mo.
DUE TO		
(C)	Myocardial failure	24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January 10, 1949, to April 13, 1949, *that I last saw the deceased alive on* April 12, 1949, *and that death occurred at* 8A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William L. Jenvis M. D.	3025 Belair Road Balt Md	4-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 16, 1949	Mariners Cemetery	Crisfield, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Washington Williams M.D.	Bradshaw Teners Parlors	Crisfield

VS 150

937

G73420

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G73420 Registered No.

1. NAME OF DECEASED (Type or Print): MARTHA STROMBERG.

2. DATE OF DEATH: 4/13/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland. 3505 Taney Road.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 77 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3505 Taney Road. 27-20

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	9/30/1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher.			

13. FATHER'S NAME: George Stromberg

14. MOTHER'S MAIDEN NAME: Sarah Greenbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mr. D. Stromberg,	3505 Taney Road.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Arteriosclerotic heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1947, *to* April, 1949, *that I last saw the deceased alive on* 12 Apr., 1949, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis Hamburger Jr. M.D.	1207 Eutaw Place.	4/13/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/15/1949.	Baltimore Hebrew	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Huntington Williams, M.D.	David Lowenstein & Son	1902 Eutaw Place.

VS 150

9=D

73421

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73421

1. NAME OF DECEASED (Type or Print) AMELIA FUNK (AMELIA WAGNER FUNK)

2. DATE OF DEATH APRIL 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
ST JOSEPH'S HOSPITAL

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 2015 N WASHINGTON ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6/30/89
9. AGE (In years last birthday): 59 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Linck.
14. MOTHER'S MAIDEN NAME: Amelia Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Mr. Conrad Funk- ADDRESS 2015 N. Washington St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) UREMIA
DUE TO
(B) KIDNEY TUMOR
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: FIVE DAYS / ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION: DISTENDED BLADDER RIGHT KIDNEY TUMOR
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 1949 *to* 4/13, 1949 *that I last saw the deceased alive on* 4/12 1949 *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B. ADDRESS ST JOSEPH'S HOSPITAL
23C. DATE SIGNED 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

VS 150

56E

G73422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

464 Registered No. G73422

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENNING 9. ECKBERG

2. DATE OF DEATH April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mercy Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 309 West Lorraine Avenue 12-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white		2-18-1886	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nightguard	Automobile	Gottensberg	Sweden

13. FATHER'S NAME: Swann Eckberg

14. MOTHER'S MAIDEN NAME: Ellen Larson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Wm. Quinn Eckberg	Fairmount W. Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

(B) Thrombophlebitis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS: PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		April 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-14-49	Mount Olivet	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949		Ellsworth Amuso	3911 Liberty Hghts.

VS 151

1003

G73423
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20/1 G73423
Registered No.

1. NAME OF DECEASED (Type or Print) Edward N. Walker
2. DATE OF DEATH 13 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3332 Chestnut Ave.
C. Length of stay in Baltimore. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 3332 Chestnut Ave. 12-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	July 2, 1894	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	

13. FATHER'S NAME Edward Walker.
14. MOTHER'S MAIDEN NAME Mary Walker.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
yes.	1st W.W.	

17. INFORMANT Bertha A. Walker ADDRESS 3332 Chestnut Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease with Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Psychoneurosis, Severe — 30 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Wm. N. Hammer Jr. M.D	☐ / ☐ / ☑	14 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/16/49	National Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Clayton Williams, MD	Paul E. Lehmann Funeral Dir.	3615-17 Chestnut Ave

VS 151

94a

G73424

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20 ✓

G73424

Registered No.

1. NAME OF DECEASED (Type or Print) Gertrude Brocker

2. DATE OF DEATH April 11th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3027 Shannon Drive

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3027 Shannon Drive 26-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Single	Sept, 3 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Baltimore, Md	U.S.A.

13. FATHER'S NAME George M. Brocker

14. MOTHER'S MAIDEN NAME Acia D. Leister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	None	Miss Ida Leister	Glenburnie Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: Feb. 49

DUE TO

(B) Arteriosclerotic cardio-vascular Disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-17- , 1949 *to* 4-2- , 1949, *that I last saw the deceased alive on* 4-2- , 1949, *and that death occurred at* 12 Noon *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nelson C. Lang M. D.	2117 Belair Road	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 14 1949	Mt. Olivet Cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	
APR 14 1949	[illegible]	Ellis & Amoran	4510 Liberty Heights Ave.

VS 150

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G73425

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73425

Registered No.

1. NAME OF DECEASED (Type or Print) William Smith

2. DATE OF DEATH April 12 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-1
D. STREET ADDRESS (If rural, give location) 1354 N. Stricker St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	married	10-20-02	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Smith

14. MOTHER'S MAIDEN NAME Lucille Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Uremia	4 wks
	DUE TO	
ANTECEDENT CAUSES	(B) Malignant Nephrosclerosis	about 5 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hypertensive Cardio vascular disease	8-10 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5 1949 *to* 4-12 1949 *that I last saw the deceased alive on* 4-12 1949 *and that death occurred at* 6 44 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Bertram E. Sprague M.D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-16-49

24C. NAME OF CEMETERY OR CREMATORY mt auburn

24D. LOCATION (City, town, or county) (State) md

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1949

REGISTRAR'S SIGNATURE [redacted] Huntington Williams, M.D.

25. FUNERAL DIRECTOR George B. Kelso ADDRESS 1383 Presstman St

US 150

1319

G73426 ✓ 443 BALTIMORE CITY HEALTH DEPARTMENT G73426

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rozalia Kruszewska

2. DATE OF DEATH: 4/12/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 437 N. Kenwood

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 6-1

D. STREET ADDRESS (If rural, give location) 437 N. Kenwood ave

c. Length of stay in Baltimore: Yrs. 62 Mos. Days

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday): 89 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Cecilia Fox ADDRESS: 437 N. Kenwood ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

DUE TO (B) Myocardial Insuff

DUE TO (C) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10-49 *to* 4-12-49, *that I last saw the deceased alive on* 4-12-49, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ls T Beg Wojciechowski M. D.

23B. ADDRESS: 600 Mathews Ave

23C. DATE SIGNED: 4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/16/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary

24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

25. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS: 2007 Eastern ave

VS 150

93D

G73427

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Yr. 1 G73427 Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET PILLARD

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

C. Length of stay in Baltimore: Yrs. ? Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 335 Ellamont Street 20-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	?	?	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) >

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ? ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.)

(A) ~~DUE TO~~ Arteriosclerotic cardiovascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTORY ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Apr. 14-49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) Old Frederick Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1949

REGISTRAR'S SIGNATURE Clayton Williams, M.D.

25. FUNERAL DIRECTOR Francis Della Rosa ADDRESS 322 S. High St.

VS 151

937

G73428

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73428

1. NAME OF DECEASED (Type or Print) JAMES LEON KIRK

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital (d.o.a.)

C. Length of stay in Baltimore: Yrs. 14 Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 2233 Druid Hill Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Married	March 22, 1906	43	0	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter	Club House	Pila., Pa.	

13. FATHER'S NAME: James Leon Kirk

14. MOTHER'S MAIDEN NAME: Tillie Lomax

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, army unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-20-6136

17. INFORMANT Mary C. Kirk (wife) ADDRESS 2233 Druid Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab wound of heart

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1420 N. Bond Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-13-49 1:30 A. m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCoccur? Sharp instrument

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE William J. McCafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED April 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 16, 1949	Mt. Auburn	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John W. Johnson ADDRESS 1700 Druid Hill Ave.

VS 151

167

G73429

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153 Registered No. G73429

1. NAME OF DECEASED (Type or Print): Mr. William Henry Creighton

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1508 Jackson Street 24-4

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	July 3, 1880	68yr.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltimore	

13. FATHER'S NAME: John Creighton

14. MOTHER'S MAIDEN NAME: P Davies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Wm H Creighton ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Large Intestine
DUE TO
ANTECEDENT CAUSES
(B) with Metastases to Liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10/ , 1949 *to* 4/13/ , 1949 *that I last saw the deceased alive on* 4/13/ , 1949 , *and that death occurred at* 10:10 AM *from the causes and on the date stated above.*

23A. SIGNATURE: Ray E Brown Jr M. D.

23B. ADDRESS: 1400 N. Caroline Street

23C. DATE SIGNED: 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/16/49

24C. NAME OF CEMETERY OR CREMATORY: Iron Cross

24D. LOCATION (City, town, or county) (State): Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: J J Fahey & Sons ADDRESS: 1218 Light St

VS 150

46E

G73430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E981.5 W-861.4

Registered No. G73430

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walker P.J. Lee (Walter Douglas Hood)

2. DATE OF DEATH: April 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Md. General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1611 Bakebury Ct. 15 2

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1927
9. AGE (In years last birthday): 22 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walker Hood
14. MOTHER'S MAIDEN NAME: Hannah Helen Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Hannah Helen Hood ADDRESS: 913 McKeon Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet wound, heart
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE: WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Back of a home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 920 Madison Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 10, 1949 approx P.M.
21E. INJURY OCCURRED AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X] undetermined [ ].*

23A. SIGNATURE: Fulton J. McClafferty M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 11, 19[illegible]

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 14, 1949
24C. NAME OF CEMETERY OR CREMATORY: Huntington Williamsville, Md.
24D. LOCATION (City, town, or county) (State): County
REGISTRAR'S SIGNATURE:
FUNERAL DIRECTOR: Mrs. ROBERT A. ELLIOTT & DAUT.
ADDRESS: 1129 N. Caroline St.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

VS 151

166

G73431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 410

G73431 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rozella Harris Watkins

2. DATE OF DEATH: April 10 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901 N. Monroe St.

C. Length of stay in Baltimore: 16 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 901 N. Monroe St 16-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Female	Colored	Married	March 29 1914	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster S C

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Harris

14. MOTHER'S MAIDEN NAME: Amelia Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Ingram ADDRESS: 901 N. Monroe St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Valvular insufficiency (aortic & mitral) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B) sub-acute bacterial endocarditis — 8 mos

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from 5/21 1948 to 4-10 1949 that I last saw the deceased alive on 4-8 1949 and that death occurred at 3 30 A m., from the causes and on the date stated above.

23A. SIGNATURE: RAYMER BROWNE, M.D. 1 EAST MADISON ST. BALTIMORE MD.

23B. ADDRESS:

23C. DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 14/49	Mt Calvary Cemetery	A.A. County Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Mrs Ida A Elliott Daughter ADDRESS: 113 W. Conway St

VS 150

92B

G73432

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

G73432 Registered No.

1. NAME OF DECEASED (Type or Print): MRS. MAE MADELINE HAHN

2. DATE OF DEATH: 11 APRIL 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3520 CHESTERFIELD AVE.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 17 MAY 1881
9. AGE (In years last birthday): 67 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WILL BISHOP
14. MOTHER'S MAIDEN NAME: KATIE SITER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: LAWRENCE E. HAHN - HUSBAND SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	ABDOMINAL MALIGNANCY	4 MONTHS??
DUE TO (B)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ Refused

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 02 MAR, 1949, *to* 11 APRIL, 1949, *that I last saw the deceased alive on* 11 APRIL 1949, *and that death occurred at* 5:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald F. England M. D.
23B. ADDRESS: MARYLAND GEN. HOSP.
23C. DATE SIGNED: 11 APRIL 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APR 15'49
24C. NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HARRY H. WITZKE
ADDRESS: 4101 E. Monument Ave

VS 150

55E

G73433

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73433

1. NAME OF DECEASED (Type or Print): Sarah E. Bowen

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 Cummings Court
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 435 Cummings Court

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Married	Jan. 7, 1890	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME: William Murdock

14. MOTHER'S MAIDEN NAME: Sophia Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Edward L. Bowen	435 Cummings Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Arteriosclerosis ~~Essential Hypertension~~
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Obesity, Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1949 *to* April 12, 1949, *that I last saw the deceased alive on* April 12, 1949, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Gilbert L. Barfield, M.D.	722 N. Fulton Ave	4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-16-49	Mt. Auburn Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	~~Creighton Williams, M.D.~~	W. Francis A. Hennebery	578 W. Biddle St

VS 15D

94a

G73434

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45.0 G73434 Registered No.

1. NAME OF DECEASED (Type or Print) Frank Burton

2. DATE OF DEATH 4/11/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Home Hospital 27 N. Carey St. Baltimore 23

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
D. STREET ADDRESS (If rural, give location) 12 Jones Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	NEGRO		May 30, 1869	79		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer			

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Burton	Ruth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Harrison Burton	12 Jones Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma DUE TO

(B) Arteriosclerosis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH
(A) months
(B) Long time

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/14/49 19 *to* 4/9/49 19 *, that I last saw the deceased alive on* 4/9/49 19 *, and that death occurred at* 3:50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry T. Dorsey M.D.	4012 Edmondson	4/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-14-49	Western Star Cem.	Catonsville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Huntington Williams, M.D.	W. Maurice A. Hensley	578 W. Fiddler

VS 150

92D

G73435 — 28141

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143

Registered No. G73435

1. NAME OF DECEASED (Type or Print): Anna Shannon

2. DATE OF DEATH: 4-12-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1600 N. Chester St. -16

5. SEX: F
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8, 1882
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Accident — 5 days

DUE TO
(B) Hypertensive Cardiovascular Disease — 5 yrs.

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Severe Hypertrophic Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1949, *to* April 12, 1949 *that I last saw the deceased alive on* April 12, 1949, *and that death occurred at* 1.15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C DATE SIGNED: 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-15-49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral.
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: [signature] M.D.
25 FUNERAL DIRECTOR: Wiedefeld & Son - Greenmount & 22nd ADDRESS

93D

G73436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90

G73436 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sadie Bowie

2. DATE OF DEATH Apr 11 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1636 Barnes St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*c. Length of stay in Baltimore 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1636 Barnes St 7-4

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 12-1888
9. AGE (In years last birthday) 61 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Henry Nelson

14. MOTHER'S MAIDEN NAME Julia Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Walter Bowie (ADDRESS) 1636 Barnes St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9 , 1949, to 4/11 , 1949, *that I last saw the deceased alive on* 4/11 , 1949, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE Albert R Lefevre M. D.
23B. ADDRESS 1721 N. Broadway
23C. DATE SIGNED 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/14/49
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary
24D. LOCATION (City, town, or county) (State) Q. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1949
REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Rayner Sanders
ADDRESS 1412 E. Preston St 107

VS 150

G73437 E981.5 G73437

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. N-861.4

1. NAME OF DECEASED (Type or Print): Ernest Scott Sr

2. DATE OF DEATH: 4/10/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL

C. Length of stay in Baltimore: 11 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 4414 St George ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Col	—	May 10-1922	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	S.C	

13. FATHER'S NAME: Ernest Scott Sr

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Betty Scott	904 N. Mount St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet Wound of Lungs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Public

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 1509 Baker St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 10, 1949 a.m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 4-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Apr. 15/49

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary

24D. LOCATION (City, town, or county) (State): A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: Rayner Sanders

ADDRESS: 166 1412 E. Preston Md

VS 151

G73438 Fetsch

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17° Registered No. G73438

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elbert Thomas Fetsch

2. DATE OF DEATH 4-12-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 204 N. Eugene Ave

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 204 N. Eugene Ave 8-3

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2-12-1898 | 9. AGE (In years last birthday) 51 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10B. KIND OF BUSINESS OR INDUSTRY Philip Dupont | 11. BIRTHPLACE (State or foreign country) Gloucester Co. Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Dudley | 14. MOTHER'S MAIDEN NAME Victoria Pompey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-03-2190 | 17. INFORMANT Ferdinand Fetsch ADDRESS 204 N. Eugene Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO General Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO Carcinoma of the Breast, Lungs, Shoulder,
(C) Hypertension Cardiovascular Renal

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 y

19A. DATE OF OPERATION — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4/— , 19 49 , *to* 4-12-49 , 19 , *that I last saw the deceased alive on* — , 19 — , *and that death occurred at* — m., *from the causes and on the date stated above.*

23A. SIGNATURE Frederick Ayrida M. D. | 23B. ADDRESS 600 N Patterson Park Ave | 23C. DATE SIGNED 4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-16-49 | 24C. NAME OF CEMETERY OR CREMATORY Gloucester Va | 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1949 | REGISTRAR'S SIGNATURE Clayton Williams MD | 25. FUNERAL DIRECTOR John C. Milby Inc | ADDRESS 2435 E Oliver St

VS 150

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G73439 ✓ E840.X G73439

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

W-8.4.J (djm)

Registered No.

1. NAME OF DECEASED (Type or Print) (Miram) MIRIAM (Hopps) HOOPES	2. DATE OF DEATH April 13, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore — Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1614 Bolton St. 14-1
5. SEX F	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 19, 1875
9. AGE (In years last birthday) 73 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph T. Hoopes	14. MOTHER'S MAIDEN NAME Judith Preston
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO
17. INFORMANT Wilmer Hoopes	ADDRESS Bel Air Md., F.F.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of spleen

DUE TO Fracture, skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Fracture, pelvis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]
21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bolton & McMechen (Crossing St.) over
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April 13, 1949 7:30 P.M.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR? Pedestrian struck by ~~auto~~ streetcar

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Wilbur J. McClafferty M.D.	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED April 14, 1949
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-15-49	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
BY LOCAL REGISTRAR	25. REGISTRAR'S SIGNATURE [illegible]	25. FUNERAL DIRECTOR ADDRESS John. O. Mitchell & Son 1710 1900 Eutaw Pl

VS APR 14 1949

G73440

BIRTH NO. G73440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 430.1

1. NAME OF DECEASED (Type or Print): HENRY WILLIAM KOEHLER, Sr.

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1506 N. Bond St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1506 N. Bond St.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 17, 1877

9. AGE (In years last birthday): 72 yrs. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham Koehler

14. MOTHER'S MAIDEN NAME: Wilhelmina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: no

17. INFORMANT: Mr. Henry W. Koehler, Jr. ADDRESS: 3707 Yolando Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Coronary Thrombosis — 6 mo
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1948 *to* Apr. 1949; *that I last saw the deceased alive on* April 11, 1949, *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John M. Zimmerman M.D.

23B. ADDRESS: 2054 Harford Rd.

23C. DATE SIGNED: 14 Apr. 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 15, 1949

24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: Curtis Williams M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

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G73441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

99 G73441
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)	WILLIAM F. MERRIFIELD
2. DATE OF DEATH	Apr. 12, 1949
3. PLACE OF DEATH: A. Baltimore City, Marylan	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Ardleigh Nursing Home 2075 Rockrose Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	Montgomery
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	Silver Spring
D. STREET ADDRESS (If rural, give location)	9303 Car Lane
5. SEX	male
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	widowed
8. DATE OF BIRTH	Feb. 20, 1861
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.	88 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	retired
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Wells, Maine
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	George Merrifield
14. MOTHER'S MAIDEN NAME	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) / (If yes, give war or dates of service)	-
16. SOCIAL SECURITY NO.	
17. INFORMANT / ADDRESS	Mrs. Helen Curtis - 3611 Keystone Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Carcinoma, neck — INTERVAL BETWEEN ONSET AND DEATH: 1yr

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan *, 19* 49 *to* Apr *, 19* 49 *that I last saw the deceased alive on* Apr. 12 *, 19* 49 *, and that death occurred at* 3:00 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	Jay M. Zimmerman M.D.	23B. ADDRESS: 2854 Hanford Rd.
23C. DATE SIGNED	14 Apr. 49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24B. DATE: 4/14/49
24C. NAME OF CEMETERY OR CREMATORY	Loudon Park Cem.	24D. LOCATION (City, Town, or County) (State): Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	APR 14 1949	REGISTRAR'S SIGNATURE: Washington Williams
25. FUNERAL DIRECTOR / ADDRESS	WM. J. TICKNER & SONS — Balto., Md.	

55E

G73442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 G73442
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jack Gilliam

2. DATE OF DEATH: 4-14-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

c. Length of stay in Baltimore: 85 Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparrows Point
D STREET ADDRESS (If rural, give location): Route #10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	Aug. 1, 1910	38 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assemblyman		West Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. William Gilliam	Elizabeth Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Edith Williams - Church Home & Hosp. Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia, Terminal
DUE TO
(B)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO Carcinoma of rectum
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 1-20, 1949, to 4-14, 1949, *that I last saw the deceased alive on* 4-14, 1949, *and that death occurred at* 2:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Morrow M. D.	Church Home & Hosp.	4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/16/49	Fair View	Culpeper

DATE RECEIVED BY LOCAL REGISTRAR	SIGNATURE OF REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	[illegible]	P. Breeck	Culpeper Va.

VS 150

461

G73443 G73443

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

450.0 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lawrence P. Wagner

2. DATE OF DEATH: April 12, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 2614 E. Fairmount Av

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2614 E. Fairmount Ave. 1-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
Male	White	Widowed	Nov. 26, 1881	67	4	16		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Balto. City Worker	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Michael Wagner

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS: Michael Wagner; 2614 E. Fairmount A

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	4-6-49. 4/12/49
DUE TO (B)	Hemiplegia	Jan 5. 1947
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Generalized Arterio-Sclerosis	Jan 1. 1944
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1 19 49 *to* 4-12 19 49 *that I last saw the deceased alive on* 4-13 19 49 *and that death occurred at* 330 P. M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Rysanek M. D.	801 N Kenwood Ave	4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-15- 49.	Holy Redeemer Cem.	Belair Rd. Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	[illegible] Williams, M.D.	Charles S. Zeiler	901 S. CONKLING ST.

830

G73444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 43 G73444

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH ANN BRISCOE

2. DATE OF DEATH: 4-11-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1708 W. LEXINGTON ST.

C. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: MARYLAND B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 19-2

D. STREET ADDRESS (If rural, give location): 1708 W. LEXINGTON ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
FEMALE	COLORED	WIDOWED	9-15-1885.	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Charles City, Virginia.	U.S.A.

13. FATHER'S NAME: James Bradley

14. MOTHER'S MAIDEN NAME: Mary Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Jessie Scott. ADDRESS: 1708 W. Lexington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — ?

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEB. , 1949 *to* APRIL 12, 1949 *that I last saw the deceased alive on* APRIL 10, 1949 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. Harris M. D.	1829 W. Franklin St	4-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	ADDRESS
Burial	April 16 1949	Mt. Zion Cem.	Landsdowne Md.	

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

25. FUNERAL DIRECTOR: Mrs Katie R. Williams ADDRESS: 322 N. Schroeder St

VS 150

93D

G73445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443

G73445

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM A. BROWN
2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital (d.o.a.)
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1824 Lohrman Street 15-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	Colored	married	Nov. 23, 1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Baltimore, Md.	

13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Clara ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT: Lottie Brown ADDRESS: 1824 Lohrman Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized edema DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-16-49	Mt. Auburn Cem	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Peter R. Pulliam ADDRESS: 322 N. Schroeder St

VS 151

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G73446

BIRTH NO. G73446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 4.1 Registered No. G73446

1. NAME OF DECEASED (Type or Print): JOSEPH WILLIAMS

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 756 West Franklin Street 17-3

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10. 1907
9. AGE (In years last birthday): 41 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Williams
14. MOTHER'S MAIDEN NAME: Grace ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT: Louise Williams ADDRESS 756 W. Franklin ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Acute Congestive Heart Failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-16-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Am
24D. LOCATION (City, town or county) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Washington Williams Md
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 322 N. Sakonder

VS 151

93E

G73447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20 G73447 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HELEN B. JOHNSON

2. DATE OF DEATH: APRIL 12 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6015 York Rd.

c. Length of stay in Baltimore: 6 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 6015 YORK ROAD 27-47

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	WIDOW	DEC. 7 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		POTTSVILLE, PA.	U.S.A.

13. FATHER'S NAME: JAMES H.B. WARFIELD

14. MOTHER'S MAIDEN NAME: ANNA M. WYNKOOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS FLORENCE SCHNEIDER ADDRESS: 6015 YORK RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO

(B) Coronary thrombosis — 10 min

DUE TO

(C) Atherosclerotic cardiovascular dis. — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. I hereby certify that I attended the deceased from Dec 1948 to Apr 1949, that I last saw the deceased alive on April 12 1949, and that death occurred at 9P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frederick J. Vollmer M.D.	6100 York Road	Apr 12 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-15-49	West Laurel Hill	Phila. Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Hamilton Williams M.D.	John A. Moran	3000 E. Balt. St

VS 150

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G73448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-70

G73448 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr JOHN A. EBERT

2. DATE OF DEATH: APRIL 14-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — BALTIMORE, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 N. MONTFORD AVE
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 617 N. MONTFORD AVE 7-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	M	Dec 25-1892	56	4 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BAKER		Balto. Md.	

13. FATHER'S NAME: August E. Ebert

14. MOTHER'S MAIDEN NAME: Hattie H. Hlavac

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mary H. Ebert	617 N. Montford Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

DUE TO

(B) PREVIOUS CORONARY OCCLUSION — NOV 1-1948

DUE TO

(C) CORONARY ARTERIOSCLEROSIS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NONE	NONE	NONE

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
NONE m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	NONE

22. *I hereby certify that I attended the deceased from* NOVEMBER 1948 *to* APRIL 13, 1949, *that I last saw the deceased alive on* 13 APRIL, 1949, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles P. Conroy Jr M.D.	2722 E. Monument St	14 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 17-49	Oak Lawn Cem.	Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Huntington Williams M.D.	John L. Miller	2334 Jefferson St.

G73449

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

Registered No. G73449

1. NAME OF DECEASED (Type or Print): James F. Golden

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Maryland General Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Md. general Hospital Madison St + Linden Avenue
c. Length of stay in Baltimore: 63 yrs 2 mo 17 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore city
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4018 W. Isby Avenue #18 1-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 25, 1880
9. AGE (In years last birthday) (If Under 1 Year: Months, Days) (If Under 24 Hours: Hours, Min.): ~~1880~~ -69

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio repairman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Golden
14. MOTHER'S MAIDEN NAME: Slasman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Vivian M. Isaacson ADDRESS: 4018 Welsby Ave,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(B) (A) Hypertensive Arteriosclerotic Cardio-vascular disease C decompensation → 8 mos
DUE TO
(A) a mural thrombi + pulmonary infarction — 6 days
(B)
DUE TO
(C) Duration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Apical pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH: 8-10 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1949, *to* April 12, 1949 *that I last saw the deceased alive on* April 11, 1949, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Louise Candler M. D.
23B. ADDRESS: Maryland general Hospital
23C. DATE SIGNED: April 2 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 15/49
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: H. C. Meakes and Son
ADDRESS: 503 W. Baltimore St.

VS 150

13B

CERTIFICATE CORRECTED 4/20/49 SS RD

4/20/1

BIRTH NO. 673450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673450

1. NAME OF DECEASED (Type or Print) Isaac James Sapp

2. DATE OF DEATH 4-13-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1814 Sulgrave Ave - 27-15

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE MARRIED WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH May 30 - 1894 | AGE (In years last birthday) 55 54 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman -

10B. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John F. Sapp

14. MOTHER'S MAIDEN NAME Catherine Coughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO

17. INFORMANT Isadore Sapp - ADDRESS 1814 Sulgrave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) 6-12 hrs

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13-19[illegible] *to* 4-13-1949 *that I last saw the deceased alive on* 4-13-1949 *and that death occurred at* 8[illegible]5 *m., from the causes and on the date stated above.*

23A. SIGNATURE [illegible] Brown MD M. D. | 23B. ADDRESS University Hosp | 23C. DATE SIGNED 4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/18/49 | 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge | 24D. LOCATION (City, town, or county) Pikesville Md (State)

DATE RECEIVED BY LOCAL REGISTRAR 4/19/1949 | REGISTRAR'S SIGNATURE [illegible] Huntington Williams MD | 25. FUNERAL DIRECTOR Frank H. Meerdo | ADDRESS Pikesville Md.

VS 150

94a

673451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673451

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carrie H. Ford

2. DATE OF DEATH: April 14, '49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 N. Carey St. Baltimore, 18, Md.
C. Length of stay in Baltimore: 80 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore City, Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 18, (1949) Md. 1802
D. STREET ADDRESS (If rural, give location): 115 N. Carey St. Baltimore, 18, Md.

5. SEX: Female
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single.
8. DATE OF BIRTH: Feb. 18, 1854
9. AGE (In years last birthday): 95
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lambert G. Ford
14. MOTHER'S MAIDEN NAME: Harriett Brock.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO: None
17. INFORMANT: Frank M. Ogden. M.D. ADDRESS: 2701 N. Calvert St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO
(B) Generalized Arterio-Sclerosis — Years?
DUE TO
(C) none.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
none.

19A. DATE OF OPERATION: none.
19B. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1949, *to* April 14, 1949, *that I last saw the deceased alive on* April 14 1949, *and that death occurred at* 8.30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank M. Ogden. M. D.
23B. ADDRESS: 2701 N. Calvert St.
23C. DATE SIGNED: April 14, '49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/49
24C. NAME OF CEMETERY OR CREMATORY: Elkton Cem.
24D. LOCATION (City, town, or county) (State): Elkton, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949
REGISTRAR'S SIGNATURE: Kenneth Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

931

G73452

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

Registered No. G73452

1. NAME OF DECEASED (Type or Print): Guy B. Haines

2. DATE OF DEATH: 4/12/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 5235 Reisterstown Rd

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: 40 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5235 Reisterstown Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Mar 23 1879	70		20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fulton Howard Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Haines

14. MOTHER'S MAIDEN NAME: Mary E. Smallwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service):

16. SOCIAL SECURITY NO: 217-05-4586

17. INFORMANT: Mrs Agnes M. Haines — ADDRESS: 5235 Reisterstown Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Chr. Valvular Heart Disease	1948
DUE TO (B)	Chr. Intestinal Nephritis	1948
DUE TO (C)	Acute Uraemia	4/10/49
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 25, 1948, *to* Apr. 12, 1949 *that I last saw the deceased alive on* Apr 12 1949, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: James Graves M. D.

23B. ADDRESS: 1663 W. North Ave.

23C. DATE SIGNED: 4/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 15/49

24C. NAME OF CEMETERY OR CREMATORY: St Mark's R. C. Cemetery

24D. LOCATION (City, town, or county) (State): Highland, Howard Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Loring Byers — ADDRESS: 5045 Pk Heights Ave

131a

G73498e

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 v 0 1

G73453

Registered No.

1. NAME OF DECEASED (Type or Print)	IRVIN R. BURNS	2. DATE OF DEATH	Apr. 13, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	4504 Elsrode Avenue	B. COUNTY	
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
c. Length of stay in Baltimore — Yrs. / Mos. / Days		D. STREET ADDRESS (If rural, give location)	4504 Elsrode Avenue 27-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	widowed	Oct. 21, 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Machinist	Reading, Pa.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Regina Burns	4504 Elsrode Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Arteriosclerosis — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-27, 1945 *to* 4-14-, 1949 *that I last saw the deceased alive on* 4-6-, 1949, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. W. Peake M. D.	4508 Harford Road	4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-16-49	Aulenbach Cemetery	Redding, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Evelyn Williams	Leonard J. Ruck	5305 Harford Road.

VS 150

94a

G73454 CERTIFICATE CORRECTED 8-19-49 X G73454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 420

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) JOHN ANTONIO FORTES

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore 2½ hrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE RI
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Providence
D STREET ADDRESS (If rural, give location) 58 Gay Street

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
M	W	Married	2/8/95	54		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Cook	Seafarer	Portugal	USA

13. FATHER'S NAME Louis Fortes

14 MOTHER'S MAIDEN NAME Maria F DeGrace

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS
Unknown	019-12-8678	Records- US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary arteriosclerosis

DUE TO

(B) with coronary occlusion.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month), (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 13, 1949 *to* Apr. 13, 1949 *that I last saw the deceased alive on* Apr. 13, 1949, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Hugh W. Seesoms M. D.	U.S. Marine Hospital	4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City or town) (County) (State)
Removal	4/14/49	St. Francis	Pawtucket R.I.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 14 1949	Huntington Williams, M.D.	[illegible]	[illegible]

94a

673455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° 673455 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elisabeth J. Mendelssohn

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland; B. COUNTY:

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 332 Whitridge Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore — Yrs. Mos. Days:

D. STREET ADDRESS (If rural, give location): 332 Whitridge Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	married	Sept. 15, 1906	42	6	28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
medical doctor		Hanover, Germany	

13. FATHER'S NAME: Dr. Ludwig Meyer

14. MOTHER'S MAIDEN NAME: unknown Horn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			Felix R. Mendelssohn	332 Whitridge Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO

(B) primary cancer of breast 2 years.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1949, *to* April, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mark H. Bix M. D.	2516 Linden	4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4/20/49	Baltimore	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	Washington Williams M.D.	Wm. Cook, Inc.,	1217 St. Paul Street

50

G73456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

41.0 G73456 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louis N Rutledge.

2. DATE OF DEATH: 4-14-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL.

c. Length of stay in Baltimore: 6 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: 4306 Maryland. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (If rural, give location): 4306 Baltimore St. 26-44

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male.	White.	Married.	6/19/1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Counsel.	distillery	Highlands. Md.	

13. FATHER'S NAME: Andrew. Rutledge

14. MOTHER'S MAIDEN NAME: Rose Smith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes. I & II World Wars.		Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) postoperative - coronary occlusion — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) postoperative. — DUE TO

(C) subacute

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

duodenal ulcer. - gastroenterostomy & removing of stone.

INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-13-49.	duodenal ulcer - post. gastro jejunostomy	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-8, 1949 *to* 4-14, 1949, *that I last saw the deceased alive on* 4-14, 1949, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H Patterson Slade M. D.	University Hospital	4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/18/49	U. S. National	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	Huntington Williams M.D.	Wm Cook Inc.	217 St. Paul St.

117B

G73457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73457

BIRTH NO. G73457 Registered No.

1. NAME OF DECEASED (Type or Print) William Frederick Fleischmann

2. DATE OF DEATH 4/13/49 11:30 a.m.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 918 Penn Lunia Ave

c. Length of stay in Baltimo — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sudlersville
D. STREET ADDRESS (If rural, give location) 17-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 1 day: Hours / Min.
Male	White	Single	9 Jan 1884	65	7 / 14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jeweler	Own Business	Sudlersville, Md.	

13. FATHER'S NAME Frederick Otto Fleischmann

14. MOTHER'S MAIDEN NAME Louise Fleischmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Mrs. Louise Fleischmann 17-1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH about 3 yrs.

DUE TO (B) Arteriosclerotic C.V.D. years

DUE TO (C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 19 46 *to* April 13, 19 49 *that I last saw the deceased alive on* April 13, 19 49 *and that death occurred at* 11 A .m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Teighsteen M. D.	888 W. Lombard St	4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/16/49		

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 15 1949	Huntington Williams, M.D.	

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G73458 BALTIMORE CITY HEALTH DEPARTMENT G73458
BIRTH NO. CERTIFICATE OF DEATH 33 Registered No.

1. NAME OF DECEASED (Type or Print): Madeline Pell
2. DATE OF DEATH: APR 15 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. Y.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Long Island
D. STREET ADDRESS (If rural, give location): Westbury

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	2-17-89	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Nelson Borland
14. MOTHER'S MAIDEN NAME: Alice Hauen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Thrombosis	3 wks
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION: Apr 10, 1949
19B. MAJOR FINDINGS OF OPERATION: Encephalomalacia.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28-1949 to 4-15-1949 that I last saw the deceased alive on 4-15-1949 and that death occurred at 2.10 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Rose S. Cobbett M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Apr. 15 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 4/15/49
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
24D. LOCATION (City, town, or County) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc ADDRESS: 1217 N. Charles St

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G73459 ✓ G73459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Luther Allen

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 509 N. Pine St. 17-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Single	? 1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tom Allen	Henrietta Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	World War I		Nannie Goldsmith	509 Pine Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

DUE TO

(B)

DUE TO

(C)

- ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		April 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4-19-49	Baltimore National	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	[illegible]	W. A. Jackson	916 Penna. Avenue

VS 1-1

937

G73460 ✓ G73460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4-20

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE HEALEY (HALEY) (HAILEY)

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital (d.o.a.)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 1095 Linden Avenue 11-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed		45 smt		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Hotel	North Carolina	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs. Lonie MC Authur	564 Orchard Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED 4-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-15-49	Mt. Calvary	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	[signature]	H. A. Jackson	916 Pennsylvania Ave.

(Rev. 3-33) 45-151

94a

G73461 ✓ X G73461

BIRTH NO. G73461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

Registered No.

1. NAME OF DECEASED (Type or Print): BASIL JEFFERSON

2. DATE OF DEATH: 13 APRIL 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSP
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE # 8 Pikesville
D. STREET ADDRESS (If rural, give location): 107 REISTERSTOWN ROAD

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 01 JUNE 1902
9. AGE (In years last birthday): 46
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: JOSEPH JEFFERSON
14. MOTHER'S MAIDEN NAME: NINA BRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT WIFE ADDRESS: FANNIE JEFFERSON SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) RETROPERITONEAL MALIGNANCY ADJACENT TO & POSSIBLY PRIMARY IN THE LEFT KIDNEY —
DUE TO
(B) WITH METASTASIS TO LYMPH NODES, LIVER, AND LUNGS.
(GROSS IMPRESSION - HYPERNEPHROMA, LEFT KIDNEY)
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS ? ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 FEB, 1949 *to* 13 APRIL, 1949 *that I last saw the deceased alive on* 13 APRIL 1949, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald L. England M. D.
23B. ADDRESS: MARYLAND GEN HOSP
23C. DATE SIGNED: 13 APRIL 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 4-19-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore 30. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS: H. A. Jackson - 916 Penna. Ave

52a

G73462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73462 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clarence Parker

2. DATE OF DEATH April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 6 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-1
D. STREET ADDRESS (If rural, give location) 512 Greenmount Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 year: Months, Days	If under 24 hrs.: Hours, Min.
male	Colored	single	2-18-82	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jae Parker	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Primary Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3-18, 1949, *to* 4-12, 1949, *that I last saw the deceased alive on* 4-12, 1949, *and that death occurred at* 1400 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bertram E. Sprague M. D.	JOHNS HOPKINS HOSPITAL	4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-16-49	Mt. Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	Huntington Williams M.D.	H. A. Jackson	916 Penna. Ave.

VS 150

46F

G73463 BALTIMORE CITY HEALTH DEPARTMENT G73463

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HATTIE LEE BURRELL

2. DATE OF DEATH 4-13-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland 716 N. CAREY ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17.
D. STREET ADDRESS (If rural, give location) 716 N. CAREY STREET. 16-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	COLORED	MARRIED	4-25-1897	51	11 / 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	VIRGINIA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDRICK BELL	GERTRUDE V. LEWIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		WM. BURRELL - 716 N. CAREY ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocarditis
DUE TO
(B)
DUE TO
(C) Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH
Jan. to
Apr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19/49, 19__, *to* 4/11/49, 19__, *that I last saw the deceased alive on* 4/11/49, 19__, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	526 N. Carey St.	4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
BURIAL	4-16-49	ARBUTUS MEM. PK.	BALTO. CO. MD.,

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 15 1949	[signature]	WM. A. JACKSON - 916 PENNA. AVE.

VS 150

107

G73-54 G73-4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Laura Gambrill Morton

2. DATE OF DEATH: April-13-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3802 Greenway
c. Length of stay in Baltimore: Life (Yrs. / Mon. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3802 Greenway 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Feb-8-1879	70 years		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Albert Gambrill

14. MOTHER'S MAIDEN NAME: Laura Webb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	None	Mr. John S. Morton (husband)	3802 Greenway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Ascending Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

DUE TO

(B) Metastasis to Liver

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1948	Carcinoma of Sigmoid Colon	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 1948 *to* April 13 1949, *that I last saw the deceased alive on* April 7th 1949, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. L. Shattard M. D.	1306 E. Mount St. Baltimore	April 14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April-16-1949	St. Thomas	Garrison Forest, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	acting for Williams, M.D.	Stewart & Mowen Company	108 W. North Ave. Balto. 1, Md.

VS 150

46E

G73465

BIRTH NO. G73465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 174

Registered No. G73465

1. NAME OF DECEASED (Type or Print) LUVENIA DIXON

2. DATE OF DEATH April 11, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 723 North Eutaw Street 11-3

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?
8. DATE OF BIRTH ?
9. AGE (In years last birthday) 40 If under 1 Year: Months Days; If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?
10B. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Sadie Lambert ADDRESS Madhunton 4th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis generalized

DUE TO

(B) Ruptured uterus

DUE TO

(C) Carcinoma of uterus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE William J. McCloskey M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED April 12, 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify) Burial
24B. DATE 4/16/49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City or county) West Port (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1949
REGISTRAR'S SIGNATURE Lentington Williams M.D.
25. FUNERAL DIRECTOR A. Halstead
ADDRESS 918 Druid Hill ave, 48C

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G73466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 Registered No. G73466

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hannah Warfield

2. DATE OF DEATH 4/12/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. CITY City.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1025-Wilmer Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-2

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1033-Wilmer Court.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F.	Col	Widow	?? 1841	108		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Rebecca Robinson ADDRESS 1035-Wilmer Ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Malnutrition & dehydration

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH 2 wks

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19 44 to 4/12 49, that I last saw the deceased alive on 4/12 49, and that death occurred at 1:45 PM, from the causes and on the date stated above.

23A. SIGNATURE Wm Cooper M.D.

23B ADDRESS 253 Cord St

23C DATE SIGNED 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B DATE 4/16/49

24C NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

24D LOCATION (City or County) (State) West Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1949

REGISTRAR'S SIGNATURE Catherine Hitchcock, M.D.

25. FUNERAL DIRECTOR A. Halstead

ADDRESS 918-Druid Hill Ave. 107

G73467 ✓ G73467

BIRTH NO. G73467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. L, 0

1. NAME OF DECEASED (Type or Print) George R Alban

2. DATE OF DEATH 4/14/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hosp.

c. Length of stay in Baltimore: Yrs. 12 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Hamstead.
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	12-24-1867	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N	None	Maryland	U.S.A

13. FATHER'S NAME John W. Alban

14. MOTHER'S MAIDEN NAME Angeline Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO

17. INFORMANT Mrs Geo R Alban ADDRESS Hampstead Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia	8 days
ANTECEDENT CAUSES (B) DUE TO	Acute Urinary Retention	8 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	Benign Prostatic Hypertrophy	?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Arteriosclerotic heart disease	?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3 1949 *to* 4/14, 1949 *that I last saw the deceased alive on* 4/14, 1949 *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Harold Hawkins Jr M.D. 23B. ADDRESS Franklin Square Hosp 23C. DATE SIGNED 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-18-49	Green Mem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

921

G73468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 | G73468

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): M. Gordon Coffay

2. DATE OF DEATH: 18 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 Sheridan Ave.

c. Length of stay in Baltimore: 13 Yrs. 5 Mos. 19 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 508 Sheridan Ave 27-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	married	Oct 24 1903	45	5 / 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inventory Clerk	Reed's Drug Co.	Baltimore Maryland	U.S.A.

13. FATHER'S NAME: Michael M. Coffay

14. MOTHER'S MAIDEN NAME: Mary A. Graham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 212-07-8464

17. INFORMANT: Mrs. Catherine M. Coffay ADDRESS: 508 Sheridan Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Wm. N. Kammer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 14 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-16-49	New Cathedral	4300 Old Frederick Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Edmund W. Conklin ADDRESS: 924 E. Eager St 94a

VS 151

G73469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 490

G73469 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Randolph MESSINEO

2. DATE OF DEATH: April 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1102 Ensor St. 10-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
M	W	married	Jan. 29, 1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bar tender	4800 Harford Rd.	Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Salvotore Messineo	Theresa LaScola

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
yes World War I	218-12-4238	Margaret Messineo	1102 Ensor Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia.

DUE TO

ANTECEDENT CAUSES

(B) Pyelonephritis.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George L. Merrill M.D.		April 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4-18-49	Holy Redeemer Cemetery	4430 Belair Rd., Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 15 1949	Thurlington for Williams, M.D.	Elmer W. Conklin	924 E. Eager Street

VS

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G73470

G73470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LIDA BOYER BOSLEY

2. DATE OF DEATH: Apr. 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2034 N. Washington St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2034 N. Washington St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Dec. 14, 1878
9. AGE (In years last birthday): 70 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Millington, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benjamin F. Downs
14. MOTHER'S MAIDEN NAME: Mary B. Britton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mr. Edgar B. A. Bosley
ADDRESS: 1206 Lakeside Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) Arteriosclerotic C.V. Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 15 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1949 *to* April 13, 1949 *that I last saw the deceased alive on* April 13, 1949, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 4 W. Read's Rd.
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Millington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

93D

G73471 | BALTIMORE CITY HEALTH DEPARTMENT | Registered No. G73471

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES THEODORE KRAUSE, Sr.

2. DATE OF DEATH: 4/13/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, institution, give street address or location): 5326 Ready Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5326 Ready Avenue 27-10

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 1, 1893
9. AGE (In years last birthday): 55 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't. Supt. Del.
10B. KIND OF BUSINESS OR INDUSTRY: Sandler Creamery
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Henry Krause
14. MOTHER'S MAIDEN NAME: Anna Quatman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marguerite Krause - ADDRESS: 5326 Ready Ave.

MEDICAL CERTIFICATION

Cause of death is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease ? — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: John R Davis, M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/18/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

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G73472 ✓ G73472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 470 0

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY CALVIN KING

2. DATE OF DEATH: Apr. 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2407 Everton Rd.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2407 Everton Rd. 27-15

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 15, 1866
9. AGE (In years last birthday): 83 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auditor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Jacob King
14. MOTHER'S MAIDEN NAME: Mary Stonesifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ada King — ADDRESS: 2407 Everton Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic heart disease
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 15 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/11 1939 *to* 4/13 1949, *that I last saw the deceased alive on* 4/12 1949, *and that death occurred at* 2:55 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roberta. Reiter M. D.
23B. ADDRESS: 3408 Windsor Ave.
23C. DATE SIGNED: 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

92D

Write the cause of death clearly and legibly. Use no abbreviations. Physicians: please write plainly. Cause (a) is especially important.

G73473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73473 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Stromberg

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 Woodlawn Road-10
C. Length of stay in Baltimore: 43 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-14
D. STREET ADDRESS (If rural, give location): 106 Woodlawn Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 10, 1882
9. AGE (In years last birthday): 66 (If Under 1 Year: Months 5, Days 3; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boarding House
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Anthony P. Stromberg
14. MOTHER'S MAIDEN NAME: Mary Ellen Flanagan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: E. W. Stromberg, ADDRESS: Catonsville Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intestinal Obstruction
DUE TO
(B) Adenocarcinoma of Colon (Rectum) 3 yrs recurrent after operation
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Aug 13, 1946
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to April 13, 1949, that I last saw the deceased alive on April 12 1949, and that death occurred at 10:45 A m., from the causes and on the date stated above.

23A. SIGNATURE: Vernon H. Norwood M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: 4-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 16, 1949
24C. NAME OF CEMETERY OR CREMATORY: St. Louis Cem.
24D. LOCATION (City, town, or county) (State): Clarksville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Clayton Williams M.D.
25. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville Md

46 D

Cornwell ✓ G73474

G73474

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Harrison Cornwall 4-20-1

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR LOCATION (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): 669 W. Fayette St. 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Married	Jan. 20, 1893	56	2 / 22	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement mason
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nathan Cornwell
14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Edna Cornell — ADDRESS: Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Hilton L. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 16, 1949	Good Shepherd	Ellicott City Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington for Williams, M.D.
25. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City Md.

VS 151

94a

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Special attention to age is especially important.

G73475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50.0 G73475 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Caroline Louise Donnelly

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 2601 Roslyn Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kenesaw Rest Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3206 Elgin Ave 15-47

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 74 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John M. Getz
14. MOTHER'S MAIDEN NAME: Mary R. Bergan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. James Brady — ADDRESS: 2601 Roslyn Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Arteriosclerosis Generalized.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947 19 , *to* Apr 13 , 1949 *that I last saw the deceased alive on* 4/13 , 1949 , *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis J. Geraghty M.D.
23B. ADDRESS: 3047 Cauld St.
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 16/49
24C NAME OF CEMETERY OR CREMATORY: Cathedral
24D LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Rita Wiedefeld — ADDRESS: 900 East Biddle St

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BIRTH NO. G73477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73476

1. NAME OF DECEASED (Type or Print): Mayde R. Mitchell

2. DATE OF DEATH: 4-14-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hill Crest Nursing Home 212 Stoney Run Lane

C. Length of stay in Baltimore: 4 -- Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
D. STREET ADDRESS (If rural, give location):

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-20-1877
9. AGE (In years last birthday): 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aberdeen, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fletcher Raymond
14. MOTHER'S MAIDEN NAME: Martha Priscilla Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Aubrey N. Mitchell ADDRESS: Aberdeen, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 4/14, 1949, that I last saw the deceased alive on 4/13, 1949 and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE: Zach. R. Morgan M. D.
23B. ADDRESS: 10 E. Eager St. Balto 2 Md
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-16-49
24C. NAME OF CEMETERY OR CREMATORY: Grove Presbyterian
24D. LOCATION (City, town, or county) (State): Aberdeen, Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen, Md.

VS 150 APR 15 1949

Huntington Williams, M.D.

93D

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

BIRTH NO. G73477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73477

1. NAME OF DECEASED (Type or Print): William Edward Snowden.

2. DATE OF DEATH: April 12, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 318 N. Carrollton Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 318 N. Carrollton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	C	Married (Sep.)	6-12-1904	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Archie Snowden.
14. MOTHER'S MAIDEN NAME: Annie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Ruth Brown — ADDRESS: 3[illegible] Carrollton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few days
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 10 1949, *to* Apr. 12, 1949, *that I last saw the deceased alive on* Apr. 12 1949, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. Gordon Aldrich M. D.
23B. ADDRESS: 1534 Druid Hill Ave
23C. DATE SIGNED: Apr. 14. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-16-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion Cem.
24D. LOCATION (City, town, or county) (State): Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie B. Williams
ADDRESS: 325 [illegible] Schroeder Ave

VS 150

94a

G73478

G73478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian Williams.

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 912 W. Fayette St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912 W. Fayette St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 912 W. Fayette St. 18-1

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 30, 1890.
9. AGE (In years last birthday): 59
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anne Arundal Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Perry.
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: David Williams. ADDRESS: 915 W. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
(B) Essential Hypertension — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY Ooccur? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1949, to April 12, 1949 *that I last saw the deceased alive on* April 12 1949, *and that death occurred at* 8A m., *from the causes and on the date stated above.*

23A. SIGNATURE: George McDonald M.D.
23B. ADDRESS: 844 N Carey St
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-16-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Kate R Williams
ADDRESS: 322 N Schroeder St

VS 150

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G73478 G73479

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mathmor (emw) Thomas

2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

3c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 772 Wae-che St. 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Single	(emw) Oct. 10, 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid		Virginia	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Goldie Nelson	772 Wasche St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McCafferty M.D.		April 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	4-19-49	W.M. Zion Cem	Sansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 15 1949	Kensington Williams M.D.	Mrs Katie R Williams	2224 Schroeder St.

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G73480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 490 Registered No.

G73480

BIRTH NO

1. NAME OF DECEASED (Type or Print): GRACE McKNIGHT

2. DATE OF DEATH: 4/13/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: 32 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 523 ROBERT ST 14-2

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: DEC - 1876.
9. AGE (In years last birthday): 52
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: AUGUST GREGORY
14. MOTHER'S MAIDEN NAME: SARAH MONROE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —

17. INFORMANT: REBECCA SHALLEY ADDRESS: 523 ROBERT ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pneumonia - Bilateral Lobar	abt 7 days
DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Generalized Cachexia and Malnutrition	5 yrs.
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Old Rheumatic Heart	

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/12, 1949 *to* 3-13, 1949, *that I last saw the deceased alive on* 3/13/49, 1949, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C.M. Hoffheimer M.D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-19-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, Town, or County) (State): Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949
REGISTRAR'S SIGNATURE: Thomas Taylor Williams M.D.
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 3224 Schroeder St

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correct age is especially important. Physicians: please write the cause of death clearly and fully.

G73481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73481 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Hallikas

2. DATE OF DEATH 4-12-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4306 Annona Ave. 26-1

5. SEX Male
6. COLOR OR RACE White
7. SINGLE-MARRIED WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 23, 1900
9. AGE (In years last birthday) 48
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Chief Engineer
10B. KIND OF BUSINESS OR INDUSTRY Arnold's Bakery
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Hallikas
14. MOTHER'S MAIDEN NAME Mary Rossu

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-8300
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Pneumonia — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarction Old — DUE TO

(C) Coronary Sclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Date) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29 1949, to 4-12 1949, that I last saw the deceased alive on 4-12-49 1949, and that death occurred at 10:35 A m., from the causes and on the date stated above.

23A. SIGNATURE [signature] M. D.
23B. ADDRESS SBGH
23C. DATE SIGNED 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April-16-49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State) Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1949
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR John R. Kenny ADDRESS

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1315

G73482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G73482

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): John J.Safar - Schaefer

2. DATE OF DEATH: Apr. 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 134 North Kenwood Avenue
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 134 North Kenwood Avenue 6+2

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: A 3/7/1897
9. AGE (In years last birthday): 52
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Safar
14. MOTHER'S MAIDEN NAME: Theresa Zima

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW One
16. SOCIAL SECURITY NO.: 218-09-9269
17. INFORMANT: Anne E.Safar
ADDRESS: 134 North Kenwood Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer Stomach
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C) generalized metastasis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1949, *to* April 12, 1949, *that I last saw the deceased alive on* April 12, 1949, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: H Gardner M. D.
23B. ADDRESS: 3400 E Balto St
23C. DATE SIGNED: 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1949

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc.
ADDRESS: 403 S.Wolfe St.

46R

Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

G73483

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G73483

Registered No.

1. NAME OF DECEASED (Type or Print): MAY WILHELMINA HOOPER

2. DATE OF DEATH: April 13 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 700 W - 40th St -
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home For Incurables
c. Length of stay in Baltimore: 11 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4205 Roland Ave - 7-14

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept - 16 - 1869
9. AGE (In years last birthday): 79 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): East Newmarket - Md.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: William R Hooper
14. MOTHER'S MAIDEN NAME: Elizabeth Williamson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Laura Fricker - 700 W. 40th St - ADDRESS:

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician please state important. Exact age is especially important.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.; it means the disease, injury or complication which caused death.)
(A) Congestive Heart Failure — Interval between onset and death: 1 week
DUE TO
(B) Hypertensive Cardio-Vasc. Disease — 10 years +
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arthritis Deformans, multiple joints — 11 years +

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/16 1949 *to* 4/13 1949, *that I last saw the deceased alive on* 4/12 1949, *and that death occurred at* 6 25 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Connor Wolff M. D.
23B. ADDRESS: 11 E. Chase St. Baltimore, Md.
23C. DATE SIGNED: 4/13/1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS. 150

93c

G73484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73484

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Garland Gressitt

2. DATE OF DEATH: April 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.

c. Length of stay in Baltimore: 51 yrs, 7 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland
D. STREET ADDRESS (If rural, give location): 308 Wendover Road 27-11

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M	Sept 8, 1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commission Merchant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John M. Gressitt.

14. MOTHER'S MAIDEN NAME: Ida Lyell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs. Elizabeth Gressitt ADDRESS: 308 Wendover Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Failure
DUE TO
(B) Myocarditis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22B. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* March 26, 1949, *to* April 14, 1949, *that I last saw the deceased alive on* April 14, 1949, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Frank Hopkins III M. D.
23B. ADDRESS: Union Memorial Hosp
23C. DATE SIGNED: April 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Cem.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

92E

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73485

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73485

1. NAME OF DECEASED (Type or Print) WILLIAM HENRY DORN

2. DATE OF DEATH April 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: Yrs. 2 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Va.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portsmouth
D. STREET ADDRESS (If rural, give location) 617 South St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Wid.	Unknown	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Va.	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give wars or dates of service)	16. SOCIAL SECURITY NO.
Yes	SAW	227-14-7225

17. INFORMANT: Records- US Marine Hospital-Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
I (A)	Carcinoma of pharynx, left, with regional metastasis	Unknown
DUE TO (B)	Pulmonary tuberculosis, fibrocaseous, bilateral	Unknown
DUE TO (C)		
II		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 13, 1949 *to* Apr. 15, 1949, *that I last saw the deceased alive on* Apr. 15, 1949, *and that death occurred at* 4:50 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. F. van Ackeren, M.D.	US Marine Hospital, Balto. Md.	4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-22-49	Olive Branch Cem	Portsmouth Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	[illegible]	John C Milby Sons	45F

VS 150

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 Registered No. G73486

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clara E. Fraine

2. DATE OF DEATH April 14 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ann Burton House 3570 N. Fulton Street

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16
D. STREET ADDRESS (If rural, give location) 3379 Woodland Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Divorced	Oct 27 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME J. C. Gorsuch
14. MOTHER'S MAIDEN NAME Ruth Virginia Holton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT John G. Fraine ADDRESS 3379 Woodland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1943

DUE TO

(B) Breast carcinoma

DUE TO

(C) Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1947, *to* April 14, 1949, *that I last saw the deceased alive on* April 18, 1949, *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE W. E. Beasley M. D.
23B. ADDRESS 3314 - 20 North Th
23C. DATE SIGNED 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 16 1949
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
24D. LOCATION (City, town, or county) (State) Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wells Funeral
ADDRESS 4510 Liberty Heights Ave

VS 150

50

G73487 ✓ G73487

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. D-07329 CERTIFICATE OF DEATH 763.8 Registered No.

1. NAME OF DECEASED (Type or Print): Johanna M. Barnett

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2720 E. Preston

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2720 E. Preston St 8-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
F	W	Infant	4 5 49			10		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bal'e. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Barnett

14. MOTHER'S MAIDEN NAME: Doris E. Biscoe ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph Barnett ADDRESS: 2720 E. Preston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: April 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/16/49	Holy Cross Harford Rd	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949

REGISTRAR'S SIGNATURE: Thurston Williams, M.D.

25. FUNERAL DIRECTOR: [illegible] Cook Inc. ADDRESS: [illegible] St. Paul St.

VS 151

107

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73488 LUMADUE 41 G73488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dorothy Lumadue

2. DATE OF DEATH 4/14/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Lew. Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green & Lombard Sts.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY Balto

5611 BALLMAN AVE BROOKLYN MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	MARRIED	NOV. 1913	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY None.

11. BIRTHPLACE (State or foreign country) Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HARRY STULLER

14. MOTHER'S MAIDEN NAME CATHERINE ARDELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO 213-20-3877

17. INFORMANT MR EDWARD V. LUMADUE ADDRESS 5611 BALLMAN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myeloid Leukemia

DUE TO

ANTECEDENT CAUSES

(B) Anemia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cardiac failure

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 3-24-, 1949, *to* 4-14-, 1949, *that I last saw the deceased alive on* 4-14-, 1949, *and that death occurred at* 7:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Howard E. Stull M. D.

23B. ADDRESS Lew. Hosp.

23C. DATE SIGNED 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 4-16-49

24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL

24D. LOCATION (City, town, or county) (State) PIKESVILLE HIGHWAY

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS H. F. DENNY, INC 715 LIGHT ST - 39

VS 150

74a

G73489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No. G73489

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JANE HYNES

2. DATE OF DEATH: 4-12-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 N. Monroe St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 204 N. Monroe St. 20-1

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 28, 1869
9. AGE (In years last birthday): 79 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas [illegible] Hynes
14. MOTHER'S MAIDEN NAME: Sarah —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Madeline Casey — ADDRESS: 838 N. Eutaw St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949 *to* April 12, 1949 *that I last saw the deceased alive on* April 12, 1949 *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert Seagrotta M. D.
23B. ADDRESS: 1729 W Lombard St
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/16/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: George A. Farley, Fulton Ave & Fayette St

VS 150

830

CERTIFICATE CORRECTED 5-6-49 W. Madison St. Ver 2767

BIRTH NO. G73490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73490

1. NAME OF DECEASED (Type or Print) William A. Wengert

2. DATE OF DEATH 4/15/49 6:23 P.M.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 108 Enfield Rd

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto

D. STREET ADDRESS (If rural, give location) 108 Enfield Rd 27-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Oct 7 1865	83	6	8		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Building	Lebanon Co Pa	

13. FATHER'S NAME John Wengert

14. MOTHER'S MAIDEN NAME Susan Schnader

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—		C. R. Bauer	108 Enfield Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Cardio Vascular Disease — 5 and yr.

DUE TO

(C) Epistaxis — Internal past 2 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended* Epistaxis from May 1947, to 4/15, 1949, *that I last saw the deceased alive on* 4/15, 1949, *and that death occurred* 6.23 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hubert Bailey M.D.	6 W Madison St	4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/16/49	East Harrisburg	Harrisburg Pa

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	Lillington Williams M.D.	Wm Cook Inc	1217 St. Paul St

VS 150

937

Correct and in especially important. Physician: please write the cause of death clearly and fully.

G73491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-7556 331 Registered No. G73491

1. NAME OF DECEASED (Type or Print): Baby girl Horine
2. DATE OF DEATH: 4/5/49

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. — Mos. — Days ½

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3345 Mallwood St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F	W	Infant	4/5/49			12 / 06

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Earl Alfred Horine
14. MOTHER'S MAIDEN NAME: Eleanor B. [illegible] Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO —
17. INFORMANT: Mother
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory & cardiac failure
DUE TO
(B) Cerebral anoxia
DUE TO
(C) Cerebral hemorrhage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/, 1949, to 4/5/, 1949, that I last saw the deceased alive on 4/5/, 1949, and that death occurred at 12:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE: D. Rhoads Jr. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: University Medical School
24D. LOCATION (City, town, or county) (State)
APR 14 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS
Commissioner of Health

VS 150

160a

G73492 ✓+ 770.0 G73492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. B. C. 49-2746

1. NAME OF DECEASED (Type or Print) Baby boy Cunningham

2. DATE OF DEATH 4/10/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital

C. Length of stay in Baltimore: Yrs. — Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Towsontown
D. STREET ADDRESS (If rural, give location) 206 Wilden Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months — Days —	If Under 24 Hours: Hours — Min. —
Boy	White		4/10/49		—	9 Hr

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None.	Baltimore Md.	

13. FATHER'S NAME Charles

14. MOTHER'S MAIDEN NAME Haugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO	—		Father	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Complete abortion - Spontaneous

DUE TO (B) Mother Rh neg. Father Rh +.

DUE TO (C) C.C.D. July 16, 48. T.M.P. Oct 6, 1948

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO	NO	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	None	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-10, 1949 *to* 4-11, 1949 *that I last saw the deceased alive on* 4-11, 1949, *and that death occurred at* 4:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Robert Haase M. D.	Church Home	4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 12 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

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Please write the cause of death clearly and legibly. Physician's signature is especially important. Please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6735493

BIRTH NO. B.C. 49-07548

1. NAME OF DECEASED (Type or Print): Baby Boy Ridgely

2. DATE OF DEATH: 4/6/49 - 4 P.M.

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hosp.

b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1226 Washington Blvd. 21-2

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/6/49 - 12 31 P.M.
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 31

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elisha Ridgely
14. MOTHER'S MAIDEN NAME: Evelyn Freck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis of the Newborn — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
1) Adrenal Agenesis 2) Renal Hypoplasia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6, 1949 *to* 4/6, 1949 *that I last saw the deceased alive on* 4/6, 1949 *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward A. Newell M. D.
23b. ADDRESS: South Baltimore General Hosp
23c. DATE SIGNED: 4/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY or CREMATORY: University Medical School
24d. LOCATION (City, town, or county) (State): APR 8 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS: Commissioner of Health

VS 150

161a

Please write the cause of death clearly and fully. Physician: please write the cause of death clearly and fully. Special care is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 77 5 G73494

BIRTH NO. BC 49-06996

1. NAME OF DECEASED (Type or Print): Baby Boy Lauderdale

2. DATE OF DEATH: 4/6/49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. — Mons. — Days: 8

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 4-2
D. STREET ADDRESS (If rural, give location): 742 W. Lexington St

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 3-29-49
9. AGE (If under 1 year, last birthday) — If under 1 year: Months — Days: 6 — If under 24 hours: Hours — Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Eugene Lauderdale
14. MOTHER'S MAIDEN NAME: Helen Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT — ADDRESS: Mother

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malnutrition – dehydration
DUE TO
(B) Prematurity
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/24/, 1949, *to* 4/6/, 1949 *that I last saw the deceased alive on* 4/6/, 1949 *and that death occurred at* 11:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: University Hospital Section
24D. LOCATION (City, town, or county) (State):
APR 14 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Hunter for Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS: Commissioner of Health

VS 150

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correct age is especially important. Physician: please write the cause of death clearly and fully.

G73495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73495

BIRTH NO. B.C. 4-10523

1. NAME OF DECEASED (Type or Print) Ralph D. Standiford

2. DATE OF DEATH April 14, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
c. Length of stay in Baltimore 11 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1750 Webster St. #30 2-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	S	May 12, 1948	0	11 2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Melvin Standiford

14. MOTHER'S MAIDEN NAME Pauline Kline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Tracheo - Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

(B) and Basilar Pneumonia right

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1949 *to* 4-14, 1949 *that I last saw the deceased alive on* 4-14, 1949 *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23A. SIGNATURE John M Blackness M. D.

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried

24B. DATE Apr 16 1949

24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.

24D. LOCATION (City, town, or county) (State) B. C. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Justine for Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS J Howard Evans 1400 S. Charles St Baltimore 30 Md

VS 150

PLEASE WRITE PLAINLY, with UNFADING INK. Give full name of deceased and correct age if especially important. Physician: please write the cause of death clearly and forcibly.

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G73496 ✓ ✓ G73496

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Gustave E. Venske

2. DATE OF DEATH: Thur. April 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1817 S Charles St.

c. Length of stay in Baltimore: About 33 Yrs. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 1817 S. Charles St. 22-2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1890
9. AGE (In years last birthday): 58
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dumper Helper
10B. KIND OF BUSINESS OR INDUSTRY: For Continental Oil Co.
11. BIRTHPLACE (State or foreign country): Baltimore County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emil Venske
14. MOTHER'S MAIDEN NAME: Wilhelmina Lorenz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 243-05-6536
17. INFORMANT: Mrs Lillian F. Ingley Venske (Wife) ADDRESS (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis and
DUE TO myocardial degeneration
(non Rheumatic)

(B)
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Obesity

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1949 *to* April 14, 1949, *that I last saw the deceased alive on* April 14, 1949, *and that death occurred at* 5:15 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: James E. Peterman M. D.
23B. ADDRESS: 1226 Hanover St
23C. DATE SIGNED: April 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Mon. Apr. 18, 1949
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: P. Howard Evans
ADDRESS: 1405 S. Charles St Baltimore 30, Md.

VS 150

93D

G73497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G73497 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna V. Fritz

2. DATE OF DEATH 4-14-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Sq Hosp

c. Length of stay in Baltimore — Yrs. ? Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
828 N. Augusta Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt 16-8
D. STREET ADDRESS (If rural, give location) 828 N. Augusta Ave

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 11-3-1893

9. AGE (In years last birthday) 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Everett McKenna

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Christina Gregory ADDRESS same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 25 da

DUE TO

(B) Hypertensive cardiovascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19, 1949, *to* 4-14, 1949, *that I last saw the deceased alive on* 4-14, 1949, *and that death occurred at* 4:25 a m., *from the causes and on the date stated above.*

23A. SIGNATURE A. J. Lahann M. D.

23B. ADDRESS Franklin Sq. Hosp

23C. DATE SIGNED 3-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/19/49

24C. NAME OF CEMETERY OR CREMATORY Cedar Hill

24D. LOCATION (City, town, or county) (State) Washington D. C.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Custington Williams, MD

25. FUNERAL DIRECTOR Harry F. Fritz Jr.

ADDRESS 4101 Edmondson Ave

VS 150

937

G73498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 Registered No. G73498

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MABEL K. SCHMIDT.

2. DATE OF DEATH APRIL 15 '49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6217 GREENSPRING AVE
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 29-20
D. STREET ADDRESS (If rural, give location) 6217 GREENSPRING AVE

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APRIL 4, 1879
9. AGE (In years last birthday) 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME KLUGE
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. LOUIS SCHMIDT — ADDRESS R.F.D. PASADENA MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis, Endocarditis
DUE TO Chronic Interstitial Nephritis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypostatic Congestion

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949, to April 15, 1949, *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE H. W. Darby, M. D.
23B. ADDRESS 6217 Greenspring Ave Balto
23C. DATE SIGNED April 15 '49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24B. DATE APRIL 19'49
24C. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
24D. LOCATION (City, town, or county) (State) BETHLEHEM PENNA
ADDRESS AVE

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949
REGISTRAR'S SIGNATURE Washington Williams, M.D.
25. FUNERAL DIRECTOR HARRY H. WAKE - 4101 EDMONDSON

VS 150

1310

G73499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

Registered No. G73499

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nellie Jako

2. DATE OF DEATH April 14 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3032 Boston St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3032 Boston St. 1-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
female	white	widowed	1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Bernard Jako ADDRESS 3032 Boston St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) unknown

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. unknown

INTERVAL BETWEEN ONSET AND DEATH 50 hours

19A. DATE OF OPERATION none

19B. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none : m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* April 12, 1949, *to* April 14, 1949, *that I last saw the deceased alive on* April 14, 1949, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23A. SIGNATURE Joseph A. Rosenblatt M. D.

23B. ADDRESS 3018 O'Donnell St.

23C. DATE SIGNED 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 18/49

24C. NAME OF CEMETERY OR CREMATORY St Stanislaus

24D. LOCATION (City, town, or county) (State) Dundalk Ave Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Lavington Williams, M.D.

25. FUNERAL DIRECTOR John J Duda ADDRESS 2829 Hudson St.

VS 150.

83a

G73500

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73500

Registered No.

1. NAME OF DECEASED (Type or Print): James P. Williams

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE: Maryland B. COUNTY:

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 144 Dolphin St. 11-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C	married	June 19, 1901	47 49				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tex

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: J. P. Williams

14. MOTHER'S MAIDEN NAME: anna Grisby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: mary Williams ADDRESS: 1320 n. Fremont ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic Cardiovascular Disease	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* Inspection & In[illegible] (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: April 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-19-49	mt auburn	md

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949

REGISTRAR'S SIGNATURE: Katherine Williams, M.D.

25. FUNERAL DIRECTOR: George D. Kelson ADDRESS: 1303 Pressman St

VS 151

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not age is especial, important. Physician: please write the cause of death clearly and legibly.

G 73501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163

Registered No. G 73501

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARENCE A. JOHNSON

2. DATE OF DEATH: April 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1145 N. Stricker Street
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location)
c. Length of stay in Baltimore: 59 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1145 North Stricker Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Col.	Widowed	June 28, 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	

13. FATHER'S NAME: Jim Johnson
14. MOTHER'S MAIDEN NAME: Mary Waters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give wars or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
yes	W.W. I.		Clarence Johnson Sr.	1145 N. Stricker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis with metastasis

DUE TO

ANTECEDENT CAUSES
(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Decubitus ulcers over back and buttocks

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Robert B. McFadden M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4.18.1949	Baltimore National Cem.	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 16, 1949	Huntington Williams, M.D.	George G. Nelson	1303 Prestmann Street

VS 151

47D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and forcibly.

G73502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73502 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY SMALLWOOD

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1312 North Mount Street 15-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
female	colored	widowed	1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT: Elise Thomas ADDRESS: 312 N. Mount Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTORY ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month), (Day), (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED April 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE 4-16-49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State) md

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: George H. Kelsey ADDRESS: 1303 Presstman, B

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73503

BIRTH NO. BC-49-27404 776 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy White

2. DATE OF DEATH: APR 8 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-2
D. STREET ADDRESS (If rural, give location): 1023 W. Lexington St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4-6-49
9. AGE (In years last birthday) | If Under 1 Year: Months / Days: 1 | If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Boy White
14. MOTHER'S MAIDEN NAME: Mildred Seber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	prematurity	
DUE TO		
ANTECEDENT CAUSES. II. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6, 1949, *to* 4-8, 1949, *that I last saw the deceased alive on* 4-8, 1949, *and that death occurred at* 1:50 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR
ADDRESS

VS 150 Hospital Disposal

159

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Be correct; age is especially important. Physician: please write the cause of death clearly and fully.

G73504

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

591 Registered No. G73504

1. NAME OF DECEASED (Type or Print) Herman M Wilkinson

2. DATE OF DEATH 4-14-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2029 N. Wolfe St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2029 N. Wolfe St 8-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Mar. 4-1889	60	1	10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Fire Fighter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert D. Wilkinson

14. MOTHER'S MAIDEN NAME Sarah Mumma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Angie Wilkinson ADDRESS 2029 N. Wolfe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ch Coronary Disease

DUE TO

(B) Ch Myocardial damage

DUE TO

(C) Parenchymatous Nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2 1948 *to* 4/14 1949 *that I last saw the deceased alive on* 4/14 1949 *and that death occurred at* 5P m., *from the causes and on the date stated above.*

23A. SIGNATURE Chas Bernstein M. D.

23B. ADDRESS 204 E. Biddle St

23C. DATE SIGNED 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-18-49

24C. NAME OF CEMETERY OR CREMATORY Pinewood Cem

24D. LOCATION (City, town, or county) Taylor Ave. Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR John C Melly Inc

ADDRESS 2425 E. Oliver St

VS 150

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information must be given, or a reason for omitting any item stated. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

121B

G73505

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 50.0

G73505
Registered No.

1. NAME OF DECEASED (Type or Print): Mary Ellen Owens

2. DATE OF DEATH: 4-14-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1221 E. Lanvale Street

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1221 E. Lanvale Street 9-9

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-6-1884
9. AGE (In years last birthday): 64 — If Under 1 Year: Months 5, Days 8 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard J. McElroy
14. MOTHER'S MAIDEN NAME: Ann Clare Harkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO: None
17. INFORMANT: John T. Owens --1221 E. Lanvale Street — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Sero Arteriolenecrosis
DUE TO
(B) Cardiac Insufficiency
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to April 14, 1949 that I last saw the deceased alive on April 14, 1949, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Samuel L. Green M.D.
23B. ADDRESS: 1781 E. Lanvale
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-18-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Avenue, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Sterling for Williams M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

95c

PLEASE PRINT PLAINLY, WITH UNFADING INK. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73506

Registered No. 145

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert R. Carman

2. DATE OF DEATH: Apr. 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 303 Club Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 42 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 303 Club Road 27-14

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 7, 1881
9. AGE (In years last birthday): 67 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Belair, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert R. Carman
14. MOTHER'S MAIDEN NAME: Mary E. Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Gwynn Lylandson ADDRESS 1342 Pentwood Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage from carcinoma of tonsil, rt. (probable erosion of internal carotid artery). — Interval: only a few minutes

DUE TO

(B) Carcinoma of the rt. tonsil — Interval: about one yr.

DUE TO

(C) Hypertensive C-V disease. Generalized arterio-sclerosis. — Interval: ? yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: ---
19B. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): ---
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ---
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ---
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: --- m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? ---

22. *I hereby certify that I attended the deceased from* 12/9 *,* 19 45 *, to* 4/14 *,* 19 49 *, that I last saw the deceased alive on* 4/13 *,* 19 49 *, and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert R. Garth, M. D.
23B. ADDRESS: 11 E. Chase St., City-2
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 16, 1949
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Hunter-Lee Williams, M.D.
25. FUNERAL DIRECTOR: H. H. Means and Son
ADDRESS: 1525 Lemmon St.

VS 150

45F

Please write plainly, with pen and ink; please write the cause of death clearly and correct age is especially important. Physician:

G73507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73507

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SUSIE DOSWELL

2. DATE OF DEATH April 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1047 Argyle Avenue 17-2

5. SEX female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH October 6, 1873

9. AGE (In years last birthday) 75 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Ringgold

14. MOTHER'S MAIDEN NAME Maggie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Gladys Gant ADDRESS 1002 Warren Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-

DUE TO Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE William J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-16-49

24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

24D. LOCATION (City, town, or county) Balto. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Mrs Kate R. Williams ADDRESS 332 N Schroeder St

93 V

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G73508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73508

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Maria C. Smith

2. DATE OF DEATH: 4/15/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Hospital

c. Length of stay in Baltimore: 38 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Relay
D. STREET ADDRESS (If rural, give location): 4947 Cedar ave

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12/1/1880
9. AGE (In years last birthday): 68 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md Balto.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: August Mueller
14. MOTHER'S MAIDEN NAME: Marie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. George W. Smith ADDRESS: 4947 Cedar Ave. Relay

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in blanks with the cause of death clearly and correct age is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSIVE ARTERIOSCLEROTIC
DUE TO CARDIO-VASCULAR DISEASE
(B) WITH GRADE IV CARDIAC FAILURE
DUE TO
(C) AORTIC AND MITRAL STENOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15/ , 19 49 *to* 4/15 , 19 49 *that I last saw the deceased alive on* 4/15 , 19 49 *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 5 [illegible]
23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/18/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 16 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

923

G73509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73509 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES A. SAKERS

2. DATE OF DEATH: Apr. 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2211 W. Rogers Ave. Home for The Aged of the Meth. Church
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2211 W. Rogers Ave. 27-15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	May 12, 1866	82 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howard County, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jackson Sakers
14. MOTHER'S MAIDEN NAME: Mary Ellen Hutchins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Miriam O. Coates ADDRESS: 2211 W. Rogers Ave.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH INK. Do not use abbreviations. Do not write the cause of death clearly and legibly. Correct age is especially important. Physician: please write

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis. — 15 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 15, 1946 *to* April 12, 1949, *that I last saw the deceased alive on* April 12, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arthur J Davies. M. D.	800 E 33rd St	4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/16/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

93D

G73510 BALTIMORE CITY HEALTH DEPARTMENT G73510

BIRTH NO. B.C. 48 22483 CERTIFICATE OF DEATH 475 Registered No.

1. NAME OF DECEASED (Type or Print) RANDOLPH WILLIAM WHITE, Jr.

2. DATE OF DEATH April 14, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

c. Length of stay in Baltimore? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D. STREET ADDRESS (If rural, give location) 1309 Madison Avenue 11-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	C	-----	Oct. 17, 1948		6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
----	----	Maryland	U.S.A.

13. FATHER'S NAME Randolph Wm. White, Sr.

14. MOTHER'S MAIDEN NAME Serena Tillman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Wrena White, 1309 Madison Avenue ADDRESS

MEDICAL CERTIFICATION — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be completed. Please write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write your name and address.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Upper Respiratory Infection

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from* ~~Natural Causes~~ ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil L. Beyer M.D.		April 14, '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 16, 1949	Mount Calvary.	A. A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 16 1949	Livingston Williams, M.D.	Mrs. Robert A. Elliott & Daughter 1129 N. Caroline Street

VS 151 (6)

104a

Medical Exams Case ✓ X

Referred to Hosp

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT 7540 G73511

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Cheryl Kaeniskyn

2. DATE OF DEATH April 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Hosp of Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE N. Y. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Herkimer
D. STREET ADDRESS (If rural, give location) 120-2 nd Ave

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12-21-48 | 9. AGE (In years last birthday) | If under 1 Year: Months 3, Days | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) N. Y. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Stephen Kraenichyn

14. MOTHER'S MAIDEN NAME Mildred Kahoneczne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart disease Transposition of great Vessels.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO CERTIFICATION APPROVED BY

(C) M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-16-49 | 19B. MAJOR FINDINGS OF OPERATION Transposition of great Vessels | 20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3-, 1949 *to* 4-16-, 1949, *that I last saw the deceased alive on* 4-16-, 1949, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE W. H. Mueller M. D. | 23B. ADDRESS JOHNS HOPKINS HOSPI. | 23C. DATE SIGNED 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24B. DATE 4/16/49 | 24C. NAME OF CEMETERY OR CREMATORY - | 24D. LOCATION (City, town, or county) (State) Herkimer, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1949 | REGISTRAR'S SIGNATURE Thurston Williams, M.D. | 25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home-2008 Orleans St.

VS 150

To be approv. by Med. Exam

157E

Correct age is especially important. Physician: please write the cause of death clearly and legibly

G73512

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

G73512 Registered No.

1. NAME OF DECEASED (Type or Print): KNEAVEL, AGNES

2. DATE OF DEATH: Apr. 14, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2602 Southern Avenue 2-7-3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2602 Southern Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widowed	Sept. 14, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Buczynski

14. MOTHER'S MAIDEN NAME: Julia Skigrski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Severe Hypertension
DUE TO
(C)

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* April 14, 1949 *to* Same day, 1949 *that I last saw the deceased alive on* April 14, 1949, *and that death occurred at* A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Brennan, M. D.
23B. ADDRESS: 5217 Harford Road (14)
23C. DATE SIGNED: 4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-18-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Brooklyn Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS 150

83a

If correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73513

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH E

Registered No. G73513

1. NAME OF DECEASED (Type or Print) HARRY V. JOHNSTON — N-8 IV.0

2. DATE OF DEATH 13 APRIL 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE [redacted] RD
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-6
D. STREET ADDRESS (If rural, give location) 5508 Morello Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W		25 Mar 1868	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		BALTO, MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO		Patient	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	PROB. CORONARY THROMBOSIS	7 HRS
DUE TO (B)	ARTERIOSCLEROTIC HEART DISEASE	25 YRS
DUE TO (C)	FRACTURED HUMERUS (closed)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
APPLICATION OF	CAST ON 7 APRIL 49 - FRACTURED HUMERUS	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	home	5508 Morello Rd.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 5, 1949 A. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell down stair steps (inside)

CERTIFICATION APPROVED BY
H. H. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER

22. *I hereby certify that I attended the deceased from* 5 APR 1949 *to* 13 APR 1949, *that I last saw the deceased alive on* 13 APR 1949, *and that death occurred at* 9.35 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John A. Jones M. D.	Mercy Hospital	13 APR 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-18-49	Parkwood	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	Huntington Williams M.D.	L. J. Luck	5305 Harford

VS 150

186a

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

G73514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G73514 Registered No.

1. NAME OF DECEASED (Type or Print): Mary M. Eckhardt
2. DATE OF DEATH: April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Union Mem. Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: 80 yr 11 mo Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-44
D. STREET ADDRESS (If rural, give location): 3201 Hamilton Avenue.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widowed	May 6, 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Jacob Schreider
14. MOTHER'S MAIDEN NAME: Not known.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Eva Eckhardt	3201 Hamilton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

(B) Arteriosclerosis Generalized

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-1, 1949 *to* 4-13, 1949 *that I last saw the deceased alive on* 4-13, 1949, *and that death occurred at* 7:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. B. Benson, Jr. M. D.	Union Memorial Hosp.	4-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	4-16-49	Moreland Pk	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16 1949	Huntington Williams, M.D.	L. J. Euck	5305 Harford Rd

VS 150

9-D

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73515 BALTIMORE CITY HEALTH DEPARTMENT G73515

BIRTH NO.

CERTIFICATE OF DEATH

1949 Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM DENNIS WILBORN N-990

2. DATE OF DEATH April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4210 Curtis Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married	Sept 29, 1902	46	6. 17	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engine Operator	Brick Mfg.	Kelleysburg, Kentucky	

13. FATHER'S NAME Charles Wilborn

14. MOTHER'S MAIDEN NAME Nellie Terrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-24-0389	Beatrice Wilborn	4210 Curtis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I (A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
II (B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	small lake	lake in woods off of Hawkins Point Rd.

21D. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
4	15	49	7.30 P.M.			accidental drowning

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Hillman B. McClafferty M.D		April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	April 16	Morehead Ky.	

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Huntington Williams, M.D.	Martin J. Conroy	1020 N Ave

VS 151

183

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G73516 — 517 Scott St — G73516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

433.1 Registered No.

BIRTH NO.

1. NAME OF DECEASED. (Type or Print) Al[illegible] E. LEWIS

2 DATE OF DEATH April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2015 Booth St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2015 Booth St. 20-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	Dec. 15, 1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Wilhelm

14. MOTHER'S MAIDEN NAME Ella Vanda mear

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS Mercer Lewis, 2015 Booth St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Auricular Fibrillation — Interval between onset and death: 6 yrs
DUE TO
(B) Hypertension — 14 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13 1949 *to* April 15, 1949 *that I last saw the deceased alive on* April 13 1949 *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE Thomas Tate M. D. — 23B. ADDRESS 517 Scott St. — 23C. DATE SIGNED 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal — 24B. DATE 4/16/49 — 24C. NAME OF CEMETERY OR CREMATORY Wilmington — 24D. LOCATION (City, town, or county) (State) Wilmington, Del.

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1949 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 25 FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.

VS 150

95a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73517 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH E816.1

Registered No. G73517

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE THOMAS BOYD N-805.0

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Canada
B COUNTY: Ontario
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Niagara
D STREET ADDRESS (If rural, give location): 912 Huron Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
male	white	single	Nov. 13, 1925	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dog Handler	Show	Niagara, Ontario, Can.	Canada

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Boyd	Gladys Metcalfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Morse Mortuary	Niagara Falls, Ont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture, cervical vertebae 1st & 2nd
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	street	Essex Route 40, Pulaski Highway, Whitemarsh

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
4 15 49 2 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	auto & auto (driver)

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McCafferty M D		April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
removal	4-19-49	Fairview	Niagara Falls, Ontario

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Thurlington Williams	Wm. Cook, Inc.	1217 St. Paul Street

VS 151

170c

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G73518 | BALTIMORE CITY HEALTH DEPARTMENT | G73518

CERTIFICATE OF DEATH

Registered No. 541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Spurgeon Warren Hall

2. DATE OF DEATH: April 14 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-5

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1733 Orleans St

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 7-22-00 | 9. AGE (In years last birthday): 48 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): No. Carolina | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Harris

14. MOTHER'S MAIDEN NAME: Alice Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Perforation Duodenal Stump	14 hours
DUE TO (B)	Resecting Stomach for Peptic Ulcer	6 days.
DUE TO (C)	Peptic Ulcer Duodenum	12 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

	Acute Pancreatitis	5 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: April 7, 1949 | 19B. MAJOR FINDINGS OF OPERATION: Penetrating Ulcer Duodenum into Pancreas | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1949 to 4/14, 1949 that I last saw the deceased alive on 4/14, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Edward C. Woods Jr. M. D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED: April 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 4-19-49 | 24C. NAME OF CEMETERY OR CREMATORY: Woodadale " | 24D. LOCATION (City, town, or county) (State): Woodadale M. C.

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1949 | REGISTRAR'S SIGNATURE: Thomas for Williams M.D. | 25. FUNERAL DIRECTOR: Elroy O. Wilson | ADDRESS: 1000 Brantly Road

VS 150

1176

AB-128027

G73519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73519

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) John Gray or John Bray

2. DATE OF DEATH April 14-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 40yrs (Yrs. Mos. Days)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 110 N. Maderia St. 6-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	Negro	Single	March 15- 1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Virginia	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Dorothy Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Baltimore City Hospitals Records- 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Unknown

Gross findings gave no immediate cause for death, if microscopic sections show a cause for death a correction of this certificate will be forwarded.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Due to Myocardial Fibrosis, luetic aortitis, nephrolithasis septicimia and pulmonary emphysema.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5- , 1949, *to* 4-14- , 1949, *that I last saw the deceased alive on* 4-14- , 1949, *and that death occurred at* 10.15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	DATE SIGNED
[signature] M. D.	Baltimore City Hospitals 4940 Eastern Ave.	4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 18-49	Mt. Calvary Cem.	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Huntington Williams, M.D.	Elroy O. Wilson	1000 Bonita Ave

VS 150

30D

G73520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

693 Registered No. G73520

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Horace Harrison

2. DATE OF DEATH: April 14 '49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1524 N. Eden Street
C. Length of stay in Baltimore: Yrs. 13 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-9
D. STREET ADDRESS (If rural, give location): 1524 N. Eden

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	C	Married	Dec. 24, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glenburnie - Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Rachel Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, dates; unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-01-2866
17. INFORMANT: Mrs. Lottie Harrison ADDRESS: 1524 N. Eden

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 mos.
DUE TO
(B) Uremia — 2 days
DUE TO
(C) Nephritis — 2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1948 *to* April 14, 1949, *that I last saw the deceased alive on* April 14 1949 *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. LeRoy Derrey M. D.
23B. ADDRESS: 1420 E. Chase
23C. DATE SIGNED: April 15 '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 18 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantley Ave

VS 150

122

BIRTH NO. G73521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4343 G73521 Registered No.

1. NAME OF DECEASED (Type or Print): ROOSEVELT AUSBY

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1312 East Lexington St. 5-1

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. Length of stay in Baltimore: 23 Yrs. (Yrs. / Mos. / Days)

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/12/1903
9. AGE (In years last birthday): 46 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Halifax CO. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dunson Ausby
14. MOTHER'S MAIDEN NAME: Francis Faulcom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Flordia Ausby ADDRESS: I3I2 E. Lex. St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac dilitation
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/19/1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn A.A.Co. Ma.

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy C. Wilson ADDRESS: 1000 Brantly Ave

VS 151

95c

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G735222 G735222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17°

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Yetta Goldman

2. DATE OF DEATH: 4-16-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale Home 27-17

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White	Single	1896	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Russia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Goldman	Bessie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Gene Gallo	537 [illegible] Grove St Rahway N. J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of right breast

DUE TO with multiple metastases in the spine.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-16 19 49 *to* 4-16 19 49, *that I last saw the deceased alive on* 4-16 19 49, *and that death occurred at* 1 40 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jerome J. Blumberg M. D.	Levindale Home	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 17, 1949	outhern Ave Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Thurlington Williams, M.D.	Sol Levinson & Bros	112 W North Ave

VS 150

50

G73523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 3 G73523 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Abraham Mazaroff

2. DATE OF DEATH April 16,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt Sinai Home
c. Length of stay in Baltimore 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16
D. STREET ADDRESS (If rural, give location) 4613 ParkHeights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widower	Jan 18,1865	84		

10A. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired) Tailor
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Mazaroff
14. MOTHER'S MAIDEN NAME Bessie ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jerome Mazaroff ADDRESS 2300 Ocala Ave

MEDICAL CERTIFICATION

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO
(B) Heart Block (Partial) — 3 yrs.
DUE TO
(C) Generalized Arterio sclerosis Hypertension — 10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1946 *to* April 16, 1949 *that I last saw the deceased alive on* 4-16- 1949, *and that death occurred at* 2 20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE Solomon Bergman M. D.
23B. ADDRESS 2424 Eutaw Place, Balto. Md
23C. DATE SIGNED 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 17,1949
24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel Cem
24D. LOCATION (City, town, or county) Baltimore (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1949
REGISTRAR'S SIGNATURE [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1124 W North Ave

VS 150

97

G73524 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1 G73524

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARA RABINOWICH

2. DATE OF DEATH: April 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2418 Lakeview Avenue 13-1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 1, 1904
9. AGE (In years last birthday): 44 — If Under 1 Year: Months 9, Days 16 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Max Dagurt
14. MOTHER'S MAIDEN NAME: Mollie Sherr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Sol Rabinowich — ADDRESS: 2418 Lakeview Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10-, 1949, *to* 4-16, 1949 *that I last saw the deceased alive on* 4-16-1949, *and that death occurred at* 1135P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis J Glass MD M. D.
23B. ADDRESS: 2730 N Charles St
23C. DATE SIGNED: 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-17-49
24C. NAME OF CEMETERY OR CREMATORY: Anshei Emunah Cong
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-17-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: S. Levinson & Bros. — ADDRESS: 1124 W North Ave

VS 150

94a

B.C. 49-09878

G73525 ✓ G73525

BIRTH NO. G73525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 Registered No.

1. NAME OF DECEASED (Type or Print): Carroll Jacob Podles, Jr.

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-4
D. STREET ADDRESS (If rural, give location): 2601 Fait Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W.	Single	May 7, 1948		11	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Carroll Jacob Podles, Sr.
14. MOTHER'S MAIDEN NAME: Anna Angela Burdoles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ACUTE ADRENAL INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
DUE TO
(B) FULMINATING SEPTICEMIA
DUE TO
(C) BRONCHOPNEUMONIA

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4-15-49 *to* 4-15-49, *that I last saw the deceased alive on* 4-15-49 *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Andrew Alecca, M.D.
23B. ADDRESS: St. Joseph's Hospital
23C. DATE SIGNED: 4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 18/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Fred W. Ozazewski
ADDRESS: 1930 Eastern Ave 107

VS 150

G73526 BALTIMORE CITY HEALTH DEPARTMENT 59 G73526

BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Naomi Livov

2 DATE OF DEATH 4/15/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13
D. STREET ADDRESS (If rural, give location) 4221 Roland View Ave

5. SEX F | 6. COLOR OR RACE W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S | 8 DATE OF BIRTH | 9 AGE (If years, last birthday) 16 | If Under 1 Year Months Days | If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | 10B. KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Baltimore Md | 12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David

14 MOTHER'S MAIDEN NAME Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT Shirley Livov ADDRESS 4221 Roland View Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Chronic Glomerulonephritis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 3/15, 1949 to 4/15, 1949 that I last saw the deceased alive on 4/15, 1949, and that death occurred at 12:25 p. m. from the causes and on the date stated above.

23A. SIGNATURE Bernard Kepper M. D. | 23B. ADDRESS Sinai Hospital | 23C. DATE SIGNED 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-17-49 | 24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel | 24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1949 | REGISTRAR'S SIGNATURE Washington Williams, M.D. | 25. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2100 Eutaw Pl

VS 150

131B

L G73527 BALTIMORE CITY HEALTH DEPARTMENT G73527

BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Mamie Miller

2. DATE OF DEATH 4-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai

c. Length of stay in Baltimore? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12
D. STREET ADDRESS (If rural, give location) 3607 Cottage Ave

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH
9. AGE (In years. If under 1 year, months, days. If under 24 hours, hours, min.) 65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lieberman
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Samuel Miller 3607 ADDRESS Cottage Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Occlusion
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12 *1949, to* 4-15 *, 1949, that I last saw the deceased alive on* 4-15 *, 1949, and that death occurred at* 7 45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Jerome Gaben M. D.
23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-17-49
24C. NAME OF CEMETERY OR CREMATORY Adas Israel
24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

VS 150

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G73528 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 174

Registered No. G73528

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Steiner

2. DATE OF DEATH: April 14/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 N. Durham St.

c. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY: 815 N. Durham St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-5
D. STREET ADDRESS (If rural, give location): 815 N. Durham St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Sept 22, 1882	56 y	6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hanzlik

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rudolf Steiner ADDRESS: 521 N. Kenwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1947 *to* April 14, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis F. Kleiner M. D.

23B. ADDRESS: 262 E. Mon. St.

23C. DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-18-49

24C. NAME OF CEMETERY OR CREMATORY: Oak Hill

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 17 1949

REGISTRAR'S SIGNATURE: Hunterston Williams, M.D.

25. FUNERAL DIRECTOR: Frank Carmichael & Sons ADDRESS: 900 Eutaw St

VS 150

48 B

G73529 McLaurin G73529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 4/21 Registered No.

1. NAME OF DECEASED (Type or Print) Phyliss J. McLaurin

2. DATE OF DEATH 4-12-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2237 Druid Hill

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 2237 B. COUNTY Druid Hill
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto 14-3
D. STREET ADDRESS (If rural, give location) 2237 Druid Hill

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
F	C	Wid	Nov. 29, 1902	46	4	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mississippi

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Isaac Griffin

14. MOTHER'S MAIDEN NAME Mary Jane Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Hattie McLaurin ADDRESS 2237 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11 19 49 *to* 4/12 19 49 *that I last saw the deceased alive on* 4/12 19 49 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23A. SIGNATURE Dr. Hattie R. Hattie M. D. 23B. ADDRESS 2137 Druid Hill 23C. DATE SIGNED 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4/17/1949 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn 24D. LOCATION (City, town, or county) Baltimore, Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1949 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm. Geo. A. Holland ADDRESS Druid Hill Ave

VS 150

94a

G73530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73530 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isabelle Waters

2. DATE OF DEATH: April 15 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Wd. Ct. 22

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md — B. COUNTY Baltimore — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural give location): 523 Eichwart Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months	Days	Under 24 Hours: Hours	Min.
female	Colored	Sepd.	3-5-05	44	1	10		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md	

13. FATHER'S NAME: Charles Doy

14. MOTHER'S MAIDEN NAME: Minnie Trent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO (B) Pyelonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS (IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of cervix - post operative 8 months

DUE TO

(C) Hepatic failure

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: March 2, 1949

19B. MAJOR FINDINGS OF OPERATION: Extension to parametrium & rectum

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1949 to 4/15, 1949 that I last saw the deceased alive on 4/15, 1949, and that death occurred at 8:25 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert H. Spiering M.D. M. D.	JOHNS HOPKINS HOSPITAL	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/18/1949	Arbutus Mem. Pk.	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Mary Lee Williams, M.D.	Wm. George H. Holland	Wm. Holland & Sons

APR 18 1949

48a

G73531 ✓ ✗ G73531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 58 Registered No.

1. NAME OF DECEASED (Type or Print) ANNIE Isabelle Gilbert

2 DATE OF DEATH Apr. 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residency before admission)
A STATE Maryland — B COUNTY Harford

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL. —

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Aberdeen Md. R.D. #2

c. Length of stay in Baltimore 7 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	Married.	Dec. 9, 1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. (Not if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
farm - Housewife		Md.	U.S.A.

13. FATHER'S NAME Jerry T. Gilbert —

14 MOTHER'S MAIDEN NAME Irene B. Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
—	—	—	Nolan S. Gilbert	Aberdeen, Md. R.D. #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Embolism	5 minutes
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
11-15-48	Chronic cholecystitis & Umbilical hernia	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 1949 *to* 4-17, 1949 *that I last saw the deceased alive on* 4-17, 1949, *and that death occurred at* 5:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Le Patterson Mack M. D.	University Hospital	4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 20, 1949	Mount Zion	Harford Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Timothy Thomas Williams, M.D.	R. Madison Mitchell	Havre de Grace, Md.

(8-1-48) 50M

127a

G73532 BALTIMORE CITY HEALTH DEPARTMENT G73532
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print): Charles Merryman N-809
2. DATE OF DEATH: April 16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospt.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Owings Mills
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Single	Aug 5 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore County	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warren C. Merryman	Rebecca Eden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		H T Merryman	Boring Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism
due to
(B) Fracture of Pelvis
due to
(C) multiple fractures right leg.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Roadway	Reisterstown Road, Balto. County

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
2:22 a.m. 4-4-49		Ped. struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
Earl M. Rogers M.D.		4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 20-49	Dover	Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 17 1949	Transcribing for Williams, M.D.	J. F. Elene Sons	Reisterstown Md

VS 151

170c

490-122

G73533

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

174 Registered No. G73533

1. NAME OF DECEASED (Type or Print): Bertie LONG

2. DATE OF DEATH: APR 17 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: St Marys
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calif
D. STREET ADDRESS (If rural, give location):

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-10-01
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Westbrook Barefoot
14. MOTHER'S MAIDEN NAME: Amy Tar.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sarcoma of the uterus with metastases
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25- 1949 *to* 4-17- 1949 *that I last saw the deceased alive on* 4-17- 1949 *and that death occurred at* 1'5 Am. *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/21/49
24C. NAME OF CEMETERY OR CREMATORY: Ebenezer
24D. LOCATION (City, town, or county) (State): Great Mills Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. C. Smallwood Son
ADDRESS: Leonardtown Md.

VS 150

482

G73534

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G73534

Registered No.

1. NAME OF DECEASED (Type or Print) Cleveland Thomas Flowers

2. DATE OF DEATH April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore 77 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1304 Linden Ave.

1107

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		8/14/94	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Seafarer	Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Unknown	Unknown	Records- US Marine Hospital	Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage, right parietal lobe — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Jan. 25, 1949 *to* Apr. 12, 1949, *that I last saw the deceased alive on* Apr. 12, 1949 *and that death occurred at* 8:25 PM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. F. Van Ackeren, M. D.	US Marine Hospital, Balto, Md.	4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial-	4-18-49	St Peters Cemetery	Forman Lane & Burton St Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Earl B. Holmstrom	403-E-25th St.

VS 150

8 3a

G73535 C.J.
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X584 G73535
Registered No.

1. NAME OF DECEASED (Type or Print) C. J. Carnell.

2. DATE OF DEATH 4-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Catonsville
D. STREET ADDRESS (If rural, give location) 292 E Audrey Av.

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 24/09 | 9. AGE (In years last birthday) 39 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder | 10B. KIND OF BUSINESS OR INDUSTRY B&O R.R. | 11. BIRTHPLACE (State or foreign country) Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Carroll | 14. MOTHER'S MAIDEN NAME Hartness

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pancreatitis
DUE TO
(B) Acute Cholecystitis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-9-49. | 19B. MAJOR FINDINGS OF OPERATION Acute Pancreatitis | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9 1949 *to* 4-15 1949 *that I last saw the deceased alive on* 7:30 P.M., 1949 *and that death occurred at* 1:35 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Dr. E. H. Tindall M.D. | 23B. ADDRESS Franklin Square Hospital | 23C. DATE SIGNED 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/18/49 | 24C. NAME OF CEMETERY OR CREMATORY Glen Mere | 24D. LOCATION (City, town, or county) (State) E. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949 | REGISTRAR'S SIGNATURE Thurlington Williams, M.D. | 25. FUNERAL DIRECTOR — ADDRESS

VS 150

128

G73536 / BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 20 1 Registered No. G73536

1. NAME OF DECEASED (Type or Print) Ulysses Harrington

2. DATE OF DEATH April 15th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Aged Womens + Aged Mens Home

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto

D. STREET ADDRESS (If rural, give location) 1400 W. Lexington St. 1400

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Single	5/6/1864	84	10	29		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate

10B. KIND OF BUSINESS OR INDUSTRY House for Aged

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Harrington

14. MOTHER'S MAIDEN NAME Eliza Caulk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Records Aged Womens + Aged Mens Home ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion, acute 4 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio - Vascular disease

DUE TO

(C) Chronic Myocarditis 2-3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949 *to* April 15, 1949 *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Maryland Edward Day M. D. 23B. ADDRESS 4-E. 33rd St Balto 18 23C. DATE SIGNED April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4/18/49 24C. NAME OF CEMETERY OR CREMATORY Mt Olivet 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 217 St. Paul St.

VS 150

93D

G73537

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

G73537

Registered No.

1. NAME OF DECEASED (Type or Print) MINNIE L. EBBERTS

2. DATE OF DEATH April 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1809 Wilhelm Street

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1809 Wilhelm Street 1904

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Nov. 16, 1906	42 43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Coat Factory	North Carolina	

13. FATHER'S NAME: P.W. Chandler

14. MOTHER'S MAIDEN NAME: Sallie Shouse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-01-5988

17. INFORMANT: Robert W. Scaggs ADDRESS: 1809 Wilhelm St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sub dural hematoma, acute

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McCafferty M.D		April 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/18/49	Glen Haven Cem	Glen Burnie Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	[illegible] Williams, M.D.	Roth & B.M. Wrean	Orchard & Stricker Sts

VS 151

83a

G73538

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

410

G73538

Registered No.

1. NAME OF DECEASED (Type or Print): ARCHIE D. PURNELL

2. DATE OF DEATH: 4-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTO. MD.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1503 MOSHER ST.

c. Length of stay in Baltimore: 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1503 MOSHER ST.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. MD.
D. STREET ADDRESS (If rural, give location) 1503 MOSHER ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	C	M.	Sept. 15, 1900	48 49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER.		BALTO. MD.	

13. FATHER'S NAME: JAMES PURNELL

14. MOTHER'S MAIDEN NAME: JANE DENNIS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		MAGGIE PURNELL - 1503 MOSHER ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis. DUE TO arteriosclerosis. — 1 year?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) Mitral Stenosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-2 1948 *to* 4-15- 1949 *that I last saw the deceased alive on* 4-15 1949 *and that death occurred at* 1 45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis E. Hamm M. D.	2224 Madison Ave	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/18/49	Mt. Calvary Cem.	A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 18 1949	Huntington Williams, M.D.	Metropolitan Funeral Home Inc. 927 N. Mount St.

VS 150

92 B

G73539

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73539

1. NAME OF DECEASED (Type or Print) Aaron Bender

2. DATE OF DEATH April 17,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt Sinai Home

C. Length of stay in Baltimore 2 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2710 Roslyn Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widower	Dec 15,1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Russia	

13. FATHER'S NAME Hyman Bender

14. MOTHER'S MAIDEN NAME Sadie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Hyman Bender	2710 Roslyn Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B) Arterio-sclerosis — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION?	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/1, 1949, *to* 4/17, 1949 *that I last saw the deceased alive on* 4/17 1949, *and that death occurred at* 9 45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank Levinson M. D.	4004 Liberty Hgts Ave	4/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 18,1949	Hebrew Rosedale Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Sol Levinson & Bros	W Northam 1126

VS 150

937

G73540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1201 G73540

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosa S. Poole

2. DATE OF DEATH: 4-15-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 Ashburton St.,

c. Length of stay in Baltimore: 45 Yrs. ---- Mos. ---- Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1700 Ashburton St. 15-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	May 5, 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joshua Lowe

14. MOTHER'S MAIDEN NAME: Miranda Moxley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edgar W. Poole ADDRESS: 1700 Ashburton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Coronary Thrombosis	5 days.
DUE TO (B)		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949 *to* April 15, 1949 *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 3:15 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Elbert Hinkelpark M. D.

23B. ADDRESS: 1801 Eutaw Pl

23C. DATE SIGNED: April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-18-49

24C. NAME OF CEMETERY OR CREMATORY: Montgomery Chapel

24D. LOCATION (City, town, or County) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

VS 150

94a

G73541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73541

BIRTH NO. 190 Registered No.

1. NAME OF DECEASED (Type or Print): Ethel V Allen

2. DATE OF DEATH: 4/14/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 937 W Mulberry
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mulberry
c. Length of stay in Baltimore: 30 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 937 B. COUNTY W Mulberry 1 0 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 937 W Mulberry

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	Married	Jan. 14, 1903	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Md	U.S.A.

13. FATHER'S NAME: Steven Hunter

14. MOTHER'S MAIDEN NAME: Hanine Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Earl Allen ADDRESS: 937 W Mulberry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coba Pneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 19 49 *to* 4/14 19 49 *that I last saw the deceased alive on* 4/13 19 49 *and that death occurred at* 2:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. M. Rhetta, Sr. M. D. | 23B. ADDRESS: 2134 W Lexington | 23C. DATE SIGNED: 4/14-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 4/19/49 | 24C. NAME OF CEMETERY OR CREMATORY: Western Star Cem. | 24D. LOCATION (City, town, or county) (State): Balto. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR ADDRESS: Charles C° Cooper-512 Carrollton Ave.

VS 150

B. M. Rhetta, M.D

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G73542

BIRTH NO. W. 94646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 442 Registered No. G73542

1. NAME OF DECEASED (Type or Print): John Sapi

2. DATE OF DEATH: April 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave

C. Length of stay in Baltimore: 40 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1302 Humbert ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
M	White	Widower	Jan. 12, 1866	83 yrs		

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Hungary	

13. FATHER'S NAME: John (D)

14. MOTHER'S MAIDEN NAME: Anna Sinka (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		B.C.H. Records	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized A Cerebral Arteriosclerosis	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arterioles Nephrosclerosis	
DUE TO		
	(C) A S & V D - Compensated	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		yes ☐ ☒ ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-10- , 1945 *to* 4-3- , 1949, *that I last saw the deceased alive on* 4-3- , 1949, *and that death occurred at* 7.45a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. S. Rogers M. D.	4940 Eastern ave	4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 1 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

131a

673543 JL- 70998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

450.1 673543

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) James Fulton

2. DATE OF DEATH March 21, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 160 N. Gay St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Sep.	May 16, 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: James Fulton

14. MOTHER'S MAIDEN NAME: Catherine Oster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic Gangrene of The Lower Extremities	2Weeks
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 7, 1942 *to* Mar. 21, 1949, *that I last saw the deceased alive on* Mar. 21, 1949 *and that death occurred at* 8.40pm., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		University Medical School	APR 12 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

98

BIRTH NO. 73544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 73544

1. NAME OF DECEASED (Type or Print): Charles Wallace

2. DATE OF DEATH: April 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1022 Shields Place 17-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	c			58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		unknown	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE (FOR PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: April 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL | 24D. LOCATION (City, town, or county) (State): APR 13 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: [signature] Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health ADDRESS

VS 151

931

G73545

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 41 G73545

1. NAME OF DECEASED (Type or Print)	GUS STUGWARD	2. DATE OF DEATH	April 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Balto. Gen. Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Yrs. Mos. Days	D STREET ADDRESS (If rural, give location) 506 Hanover Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White			62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Unknown		Unknown	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

(B) Bronchial asthma

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
per: Chester J. Lukinski, M.D. M.D		4-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL APR 13 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 151

94a

G73546

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

447 G73546 Registered No.

1. NAME OF DECEASED (Type or Print): Andrew Jackson

2. DATE OF DEATH: 4/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 N. Colvin St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 208 N. Colvin St Same

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	C			24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Unknown	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic - Radio-Renal Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
C. P. Snelbaker M.D.		4/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL APR 13 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 49	Huntington Williams, M.D.	Commissioner of Health	

VS 151

131a

G73547

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 98 v. 007

G73547 Registered No.

1. NAME OF DECEASED (Type or Print) ROSE MAY COLE — N 861 v

2. DATE OF DEATH March 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 310 Forrest Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	colored			35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U N K N O W N		N	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME
N

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
U N K N O W N			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab-wound of heart

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] ~~CAUSE OF~~ DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	310 Forrest Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3 29 49 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Sharp Instrument

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George H. Merrill M.D.		March 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL APR 13 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18	Huntington Williams, M.D.	Commissioner of Health	

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G73548

BIRTH NO. B.C. 49-[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

756 ✓ G73548

Registered No.

1. NAME OF DECEASED (Type or Print) Patricia Muriel Fromm

2. DATE OF DEATH Apr 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Balto General Hospital

C. Length of stay in Baltimore: ~~Yrs~~ ~~Mos~~ 6 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 1929 DEERING AVE

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH Apr 10, 1949

9. AGE (In years last birthday) | If Under 1 Year: Months | Days 6 | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) West Balto. Md General Hosp

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lloyd Francis Fromm

14. MOTHER'S MAIDEN NAME Minnie Elizabeth Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Mother ADDRESS 1929 Deering Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intestinal obstruction
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Congenital anomaly of G.I. tract -
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mongolianism

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949 *to* April 16, 1949 *that I last saw the deceased alive on* April 16, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Francis L. Glennbine M. D.

23B. ADDRESS W. Balto. Gen. Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/18/49

24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.

24D. LOCATION (City, town, or county) (State) Fredrick Rd Md

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Charles W Lachmanskon ADDRESS

VS 150

1579

73549 ✓B-73549 C 73549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES ROBERT MEINE

2. DATE OF DEATH April 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 200 McKean Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2000 McKean Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	3.21.1878	71	0 / 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Register of Wills Office

10B. KIND OF BUSINESS OR INDUSTRY Baltimore City

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Meine

14. MOTHER'S MAIDEN NAME Amelia Hass

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO

17. INFORMANT Mr. John R. Meine ADDRESS 2000 McKean Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma pulmonary — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis generalized

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE Robert B. McFadden M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4.20.1949	Loudon Park Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 18, 1949	Huntington Williams, M.D.	Wm. J. Tickner & Sons	Baltimore, Md.

VS 151

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G73550 CERTIFICATE CORRECTED N-21-49 ✓ E 973-X G73550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Frederick F. Leonard Maas N-968 | 2. DATE OF DEATH: April 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5000 Edmondson Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5000 Edmondson Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male -	white	widower	Nov. 6, 1899	49 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lawyer		Baltimore, Md.	

13. FATHER'S NAME: Henry L. Maas

14. MOTHER'S MAIDEN NAME: Margaret Timmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
?	?	Mr. William T. Maas	4211 Wentworth Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carbon monoxide poisoning	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Other Conditions: Mental depression (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Garage	5000 Edmondson Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 16, 1949 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Garage doors tightly closed, and Ignition key turned on.

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE. M.D	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED 12 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/19/49	Meadowridge Cem.	Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 151

163M

G73551

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 60 Registered No. G73551

1. NAME OF DECEASED (Type or Print): LUCY CITRO

2. DATE OF DEATH: 4/16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL
c. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2546 W. Lafayette Ave.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	widow	Feb. 2, 1881	68 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Italy	

13. FATHER'S NAME: Pasquale Alfinito

14. MOTHER'S MAIDEN NAME: Mary Martini

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—		

17. INFORMANT: Miss Anna M. Cirto — ADDRESS: 2546 W. Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) PULMONARY EMBOLISM
DUE TO
(B) POST-OP- MID THIGH AMPUTATION for GANGENE OF LEFT FOOT
DUE TO
(C) UREMIA

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: DIABETES, CORONARY INSUFFICIENCY

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/12/49	Gangrene of left foot	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/11 *,* 1949 *to* 4/16 *,* 1949 *that I last saw the deceased alive on* 4/16 *,* 19 49 *and that death occurred at* 2 12 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harold Sumner M. D.	Sinai Hospital	4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/20/49	New Cathedral Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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G73552

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 Registered No. G73552

1. NAME OF DECEASED (Type or Print) E. Benge Robinson

2. DATE OF DEATH Apr. 14, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2938 Huntingdon Ave.

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Feb. 16, 1862

9. AGE (In years last birthday) 87 yrs.
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10B. KIND OF BUSINESS OR INDUSTRY P. R. R.

11. BIRTHPLACE (State or foreign country) Mass.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME - Robinson

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. J. Edgar Robinson ADDRESS 36 Summerfield Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3-29-49 to 4-14-49

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29 *, 19*49*, to* 4-14 *, 19*49*, that I last saw the deceased alive on* 4-14 *, 19*49*, and that death occurred at* 7 50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Jerome Gaber M. D.

23B. ADDRESS Sinai Hosp.

23C. DATE SIGNED 4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/18/49

24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR WM. J. TICKNER & SONS

ADDRESS Balto., Md.

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G73553

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73553

1. NAME OF DECEASED (Type or Print): Amanda I. Henderson

2. DATE OF DEATH: 15 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4202 Groveland Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): 4202 Groveland St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 21, 1885
9. AGE (In years last birthday): 63 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James K. Merriken
14. MOTHER'S MAIDEN NAME: Margaret M. Carr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Robert W. Lips
ADDRESS: 700 Reisterstown Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 15 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 4/18/49
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

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G73554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 G73554 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN LAWRENCE KOLB

2. DATE OF DEATH April 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 801 N. Maderia St.,

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 801 N. Maderia St.,

c. Length of stay in Baltimore: Yrs. Lifetime Mos. Days 7-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Dec. 23, 1885	63	3	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cab driver	Taxicab	Baltimore, Md.	

13. FATHER'S NAME: Michael Kolb

14. MOTHER'S MAIDEN NAME: Anne Bayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.	213-05-7684	J. Lawrence Kolb	2404 Ashland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Renal. — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO

(B) Vascular Lesions.

DUE TO

(C) Acute Emphysema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 19 49, to April 14, 19 49, that I last saw the deceased alive on April 11, 19 49, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Broadus Purdy, M.D.	200 N. Wilkins Ave.	4-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 16, 1949	Baltimore	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949

REGISTRAR'S SIGNATURE: Lillington Williams, M.D.

25 FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS: 2008 Orleans St.,

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G73555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73555

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph H Simms

2. DATE OF DEATH: April 16/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 614 S Bouldin

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE — B. COUNTY: 614 S Bouldin

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

D. STREET ADDRESS (If rural, give location): 614 S Bouldin

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 4 1881

9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.: 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm F Simms

14. MOTHER'S MAIDEN NAME: Caroline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT — ADDRESS: Mrs Edna Dix Northwood Apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary - Thrombosis — DUE TO

(B) unknown — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Infarction of lung.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12th, 1949 *to* April 15th, 1949 *that I last saw the deceased alive on* April 12th, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. T. Trumpff M.D.

23B. ADDRESS: 622 E. N. Avenue

23C. DATE SIGNED: 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 19/49

24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel

24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR — ADDRESS: Allen Funeral Home 2008 Orleans

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G73556 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 71 — Registered No. G73556

1. NAME OF DECEASED (Type or Print): PEARL KATHERINE TAYLOR
2. DATE OF DEATH: 4-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1017 W. LANVALE ST
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE 17.
D. STREET ADDRESS (If rural, give location): 1017 W. LANVALE ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
FEMALE	COLORED	SINGLE	SEPT. 19, 1922	26	7 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		LANCASTER CO., VA.	U.S.A

13. FATHER'S NAME: ELSON TAYLOR
14. MOTHER'S MAIDEN NAME: ALICE RICE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT — ADDRESS
		ALICE TAYLOR - 1017 W. LANVALE ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Cervix — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 9 months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 15, 1949 *to* April 16 1949, *that I last saw the deceased alive on* April 16, 1949 *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William H. Watts M. D.	515 Darlington Ave	4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-21-49	MT. AUBURN	BALTIMORE 30.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 18 1949	Huntington Williams, M.D.	W. A. JACKSON - 916 PENNA. AVE.

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G73557

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no 1 G73557 Registered No.

1. NAME OF DECEASED (Type or Print)	William Arthur Murphy
2. DATE OF DEATH	Apr. 16, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	101 W. 39th St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
C. Length of stay in Baltimore	Life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	101 W. 39th. Street.
5. SEX	Male
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Married
8. DATE OF BIRTH	Nov. 21, 1891
9. AGE (In years last birthday) (If Under 1 Year: Months, Days) (If Under 24 Hours: Hours, Min.)	57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Asst. Treasurer
10B. KIND OF BUSINESS OR INDUSTRY	DuPont Corp.
11. BIRTHPLACE (State or foreign country)	Baltimore
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Frank J. Murphy
14. MOTHER'S MAIDEN NAME	Margaret Walmsley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	Mrs. William Arthur Murphy.
ADDRESS	101 W. 39th.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	9 hrs
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Hypertensive Arteriosis/Aortic Cardio-Vascular disease	10 yrs
DUE TO		
(C)	Cerebral Hemmorrhage (1946)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946, *to* April 14, 1949, *that I last saw the deceased alive on* April 13, 1949, *and that death occurred at* 5:40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	Nicholas Edward Day M. D.	
23B. ADDRESS	4-E-33rd St Balto 18	
23C. DATE SIGNED	April 16, 1949	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	
24B. DATE	Apr. 19, 1949	
24C. NAME OF CEMETERY OR CREMATORY	Cathedral	
24D. LOCATION (City, town, or county) (State)	Baltimore, Maryland.	
DATE RECEIVED BY LOCAL REGISTRAR	APR 18 1949	
REGISTRAR'S SIGNATURE	Huntington Williams M.D.	
25. FUNERAL DIRECTOR	H. H. Weare Funeral	
ADDRESS	805 N. Saint St.	

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G73558

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 ✓ G73558 Registered No.

1. NAME OF DECEASED (Type or Print): Herbert Meyers N-898 ✓

2. DATE OF DEATH: March 3/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 806 W. Lexington St. 1 8 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C			50				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None			

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage

DUE TO

(B) Traumatic Amputation of both

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) lower extremities

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): B&O Yard

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): B. & O. Railroad at Sinclair Lane 26-3

21D. TIME OF INJURY (Month) March (Day) 21 (Year) 49 (Hour) 8 A. m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Slipped & caught between two moving box cars

22. *I certify that I took charge of the remains described above, held an* Autopsy / Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl K. Rogers M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: March 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL APR 6 1949

DATE RECEIVED BY: APR 6 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Commissioner of Health

ADDRESS

VS 151

169

G73559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73559 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lessel Clark 401 | 2. DATE OF DEATH 4/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital
c. Length of stay in Baltimore 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville Pikesville
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M	Feb 21 1903	46	7 / 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Freemont Ohio	U S

13. FATHER'S NAME Charles Clark
14. MOTHER'S MAIDEN NAME Rebecca Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown			Evelyn Clark	Pikesville Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infarctions — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Subacute Bacterial Endocarditis
DUE TO
(C) Rheumatic Heart Disease
Syphilitic Aortitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21 1949 to 4/17 1949, that I last saw the deceased alive on 4/17 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bernard Epstein M. D.	Sinai Hospital	4/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 21 1949	Mt Lebanon Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. O. Kendall Est. of W. Schaefer | ADDRESS

VS 150

309

G73560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73560

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Denike

2. DATE OF DEATH: 4/14/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: 65 (Yrs. / Months / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 2542 McCulloh St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	Negro	Widowed	8-16-1868	80	8	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adams Hooper

14. MOTHER'S MAIDEN NAME: Susan Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT: John Bass. ADDRESS: 1024 Fayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema & atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO

(B) Empyema of Gall Bladder c Cholelithiasis

DUE TO

(C) Possible Ca Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Jaundice, dehydration, acidosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/12/49	Empyema of Gall bladder	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from 4/10/49 to 4/14/49, that I last saw the deceased alive on 4/14/49, and that death occurred at 11 30 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank E Brumback M. D.	University Hospital	4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/18/49	Mt Auburn Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 18 1949	Huntington Williams M.D.	Charles R. Law 802 Madison Ave-1

VS 150

127a

G73561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73561

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise J. Williams

2. DATE OF DEATH April 16 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sykesville
D. STREET ADDRESS (If rural, give location) Henryton Sanitarium

5. SEX Female | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH 11-10-22 | 9. AGE (In years last birthday) 25 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) S. C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas James

14. MOTHER'S MAIDEN NAME Bertha Boykins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH (1945) 4 years
DUE TO
(B) Pulmonary Left Thoracoplasty — Stages I + II
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3/24/49 | 19B. MAJOR FINDINGS OF OPERATION Pulmonary tuberculosis | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1949 *to* 4-16, 1949 *that I last saw the deceased alive on* 4/16, 1949, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE David C. Sabiston Jr. M. D. | 23B. ADDRESS JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE 4/20/49 | 24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk | 24D. LOCATION (City, town, or county) (State) Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Charles P. Law | ADDRESS 802 Madison Ave

VS 150

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-1

G73562

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73562

1. NAME OF DECEASED (Type or Print) Miss Agusta Josephine Duvel

2. DATE OF DEATH 4-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Mem. Hosp

c. Length of stay in Baltimore 5 Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18
D. STREET ADDRESS (If rural, give location) 3608 Oakmont Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Single	1892 Mar 25	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Typist		Balt, Md.	U.S.

13. FATHER'S NAME Mr. Albert Duvel

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		212-01-4690	R. Eichelberg	3225 Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

(B) Hypertension essential

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1:00 PM 4-5-49, 19__, *to* 3:00 PM 4-15-49, 19__, *that I last saw the deceased alive on* 4-15, 1949, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Frank Langdon III, M. D.	Union Memorial Hosp	4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 18/49	Baltimore	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Loring Byers	832

VS 150

G73563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73563

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Major Gladden

2. DATE OF DEATH 4-12-49.

3. PLACE OF DEATH: A. Baltimore City Maryland University Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lombard & Greene.

c. Length of stay in Baltimore: Yrs. — Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.
D. STREET ADDRESS (If rural, give location) 821 Bradley St. 703

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	C.	Single	Aug. 15, 1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		St. Mary Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Major Gladden	Sarah Brisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Hasty Gladden	704 Brune St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis.

DUE TO

(B) Hypertensive arteriosclerotic

DUE TO

(C) C. V. Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-12-49, 19, *to* 4-12-49, 19, *that I last saw the deceased alive on* 4-12-49, 19, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert R. Hahn M. D.	University Hosp.	4-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-18-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Thurlington Williams M.D.	Mrs. Katie R. Williams	322 N. Schroeder St.

VS 150

937

BIRTH NO. G73564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73564

1. NAME OF DECEASED (Type or Print): David Lee Satterfield
2. DATE OF DEATH: 4-15-49
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1515 W. Fairmount Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1515 W. Fairmount Ave.
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 8, 1938
9. AGE (In years last birthday): 11 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Eddie Fayler
14. MOTHER'S MAIDEN NAME: Beatrice Satterfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mamie Satterfield ADDRESS: 1515 W Fairmount Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.; it means the disease, injury or complication which caused death.)
(A) Rheumatic Heart Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1949, *to* April 15, 1949, *that I last saw the deceased alive on* April 14, 1949, *and that death occurred at* 12 20 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Douglas Shepherd M. D.
23B. ADDRESS: 607 N. Fulton Ave
23C. DATE SIGNED: 4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 04-19-49
24C. NAME OF CEMETERY OR CREMATORY: W.H. Auburn Cem
24D. LOCATION (City, town, or county): Balto. (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 392 W Baltimore

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G73565

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 1

G73565

Registered No.

1. NAME OF DECEASED (Type or Print): Sol Pessin

2. DATE OF DEATH: 4/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2511 West North Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH:
9. AGE (In years last birthday): 59
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham
14. MOTHER'S MAIDEN NAME: Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ida Pessin ADDRESS: 2511 West North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis

DUE TO

(B) Perforated Duodenal Ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Heart Dis. + Decompensation

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1949 to 4/17, 1949 that I last saw the deceased alive on 4/17, 1949, and that death occurred at 2:55 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Bernard Pessin M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 4/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-18-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Thaddeus Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Place

1176

G73566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

586

G73566 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Albert) Full Lewis — 2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — H. H. Hals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-8

c. Length of stay in Baltimore 72 — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1103 McElderry St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed	1-10-77	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Poultry Worker		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lewis	Harriet Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Biliary Peritonitis	2 days
DUE TO (B)	Obstructive Jaundice + Rupture of Gall bladder	10 days
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Late Syphilis: Aortic Insufficiency + Aortitis	Years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 11, 1949	Biliary Peritonitis - Ruptured Gallbladder	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-10- *, 19*49 *to* 4-13- *, 19*49 *that I last saw the deceased alive on* 4-13- *19*49*, and that death occurred at* 1141 *m. from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Allen R. Wirsh, M. D.	JOHNS HOPKINS HOSPITAL	April 15-'49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 18 49	Mt Calvary Cem	A A County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949		Mrs Boot. G. Elliott Dept	1090 N. Gay St

VS 150 — Printing Northern Metropolitan Mfg. Co.

1270

GH. 124796 G73567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63

G73567 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pete Shewiak (Piwak)

2. DATE OF DEATH: April 15- 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 2 Years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 620 S. Bond ST.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 29- 1885

9. AGE (In years last birthday): 63 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pete (D)

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Records Balto. City Hospitals ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 Year.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23- , 1948, *to* April 15- , 1949 *that I last saw the deceased alive on* Apr 15, 1949 *and that death occurred at* 7.40P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED: 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/19/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary

24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS: 2007 Eastern Ave

PR 1 VS 150

47c

CN. 119342

673548

673568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 673548 Registered No.

1. NAME OF DECEASED (Type or Print): Mae Baumann

2. DATE OF DEATH: 4-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MD.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3719 3RD. ST. Z 25

5. SEX: F
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16 1916
9. AGE (In years last birthday) (If under 1 year: Months, Days; if under 24 hours: Hours, Min.): 32 | II | --
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard Sallin (D)
14. MOTHER'S MAIDEN NAME: Mary Houdek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO
17. INFORMANT: Records Balto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis — DUE TO
(INTERVAL BETWEEN ONSET AND DEATH): unknown Duration

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30-, 1949 *to* 4-16-, 1949, *that I last saw the deceased alive on* 4-16-49 *and that death occurred at* 2.15 P. *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/20/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Brooklyn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: - 130 E. Fort Ave.

VS 150

130

G73569 BALTIMORE CITY HEALTH DEPARTMENT 59 G73569
BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Frederick C. Jonsen
2. DATE OF DEATH: April 16-49
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto city
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3422 Belair Road
C. Length of stay in Baltimore: 35 yrs (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Balto md B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3422 Belair Rd
D. STREET ADDRESS (If rural, give location): 17 ft
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 11-1868
9. AGE (In years last birthday): 80 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mrs Hilda Jonsen ADDRESS: 3422 Belair Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia (Terminal) — 2 days
DUE TO: Portio Carcinoma
DUE TO: Hepatic Cirrhosis
Sclerodyed atero-Sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO:

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Anemia Malnutrition & Senility

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* April 16, 1949, *that I last saw the deceased alive on* April 13, 1949, *and that death occurred at* 8 AM *from the causes and on the date stated above.*

23A. SIGNATURE: Walter A Anderson M.D.
23B. ADDRESS: 3001 Shannon Drive (13)
23C. DATE SIGNED: April 18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 19-49
24C. NAME OF CEMETERY OR CREMATORY: Balto Cemetery
24D. LOCATION (City, Town, or County) (State): Balto city

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jos J Horn & Son
ADDRESS: 3001 Pentwood ave

46 B

G73570 BALTIMORE CITY HEALTH DEPARTMENT G73570

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): John Cadden

2 DATE OF DEATH: 4-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy

c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1212 Hollinswood ave

5. SEX: M
6. COLOR OR RACE: W
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Nov 16, 1879
9 AGE (In years last birthday): 69 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - unknown
10B KIND OF BUSINESS OR INDUSTRY: None

11 BIRTHPLACE (State or foreign country): Baltimore
12 CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Cadden
14 MOTHER'S MAIDEN NAME: Bridget O'Niell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16 SOCIAL SECURITY NO:
17 INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)
(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: some years
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized arteriosclerosis and cardio-vascular disease
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1949, *to* 4-17, 1949, *that I last saw the deceased alive on* 4-17, 1949, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. M. Brudwers M. D.
23B ADDRESS: Mercy
23C DATE SIGNED: 4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: April 21, 1949
24C NAME OF CEMETERY OR CREMATORY: New Cathedral
24D LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25 FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St

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93D

G73571

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

G73571

Registered No.

1. NAME OF DECEASED (Type or Print) Edward Leyhe

2. DATE OF DEATH April 17th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1210 E Lafayette Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 9 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		Aug 11th 1880	68	9	6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker	Same	Baltimore Md	

13. FATHER'S NAME John C. Leyhe

14. MOTHER'S MAIDEN NAME Emma Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 215-07-3944

17. INFORMANT Otto F. Leyhe ADDRESS 1314 Eamor St

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH months

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1948 *to* 4/17, 1949, *that I last saw the deceased alive on* 4/17, 1949, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23A. SIGNATURE Ruby W. Kelley M. D.

23B. ADDRESS 5703 Harford Rd

23C. DATE SIGNED 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 20-49

24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949

PERSON COMPLETING [illegible]

25. FUNERAL DIRECTOR Charles P. Towell ADDRESS 2427 Edmondson Ave

VS 150

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G73572

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60

G73572

Registered No.

1. NAME OF DECEASED (Type or Print) Mary Margaret Powell

2. DATE OF DEATH April 16 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 947 Homer's Lane - Armstead Gardens

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
F	W	M

8. DATE OF BIRTH Dec 30 1870

9. AGE (In years last birthday) 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Baumer

14. MOTHER'S MAIDEN NAME Margaret [redacted] Betz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Grover C. Powell ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C V D

DUE TO

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Cystoscopy 4-13-49

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1949 *to* 4-16, 1949, *that I last saw the deceased alive on* 4-16, 1949, *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE Edwin M Bradwer M. D.

23B ADDRESS Mercy

23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/20/49

24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel

24D LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.C.

25. FUNERAL DIRECTOR Willyd Zeiler ADDRESS 403 S. Wolfe

VS 150

61

G73573
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G73573
Registered No.

1. NAME OF DECEASED (Type or Print): Annie E. Aro

2. DATE OF DEATH: 4-16-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland: Balto. City Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1719 Covington St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: –
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City
D. STREET ADDRESS (If rural, give location): 1719 Covington St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25.
9. AGE (In years last birthday): 70 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Riehl
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: George H. Aro · ADDRESS: 1719 Covington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency
DUE TO
(B) Arteriosclerosis & Hypertension - Myocarditis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: –
19B. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): –
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): –
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): –
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: – m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: –

22. I hereby certify that I attended the deceased from Feb 15 1949 to April 16 1949, that I last saw the deceased alive on April 15 1949, and that death occurred at 2:30 m., from the causes and on the date stated above.

23A. SIGNATURE: John E. Schaumb M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-19-1949
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Flynn & Fleming
ADDRESS: 1426 Light St.

937

G73574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G73574

1. NAME OF DECEASED (Type or Print): Anna L Wilhide

2. DATE OF DEATH: Apr-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland - 1301 Park Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miss Smith Home
c. Length of stay in Baltimore: Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2201 N Calvert St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: About-Mar-5-187-
9. AGE (In years last birthday): ab 78
If Under 1 Year: Months —, Days —
If Under 24 Hours: Hours —, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Carrollto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac A Wilhide
14. MOTHER'S MAIDEN NAME: Margaret A. Morrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give year(s) and branch of service): Nothing
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss A. Wilhide
ADDRESS: Reid & Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

(B) Arterio-Sclerosis generalized — years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1943 *to* April 17, 1949 *that I last saw the deceased alive on* April 16, 1949, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry Wm Hemsley M. D.
23B. ADDRESS: 202 E. Preston Street
23C. DATE SIGNED: 4/18/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 19/49
24C. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran Ch.
24D. LOCATION (City, town, or county) (State): Taneytown Md.

DATE RECEIVED BY REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Stewart Morris Co.
ADDRESS: Balto.

VS 150

93D

G73575

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5-70-5 G73575 Registered No.

1. NAME OF DECEASED (Type or Print) ANTHONY ROSE

2. DATE OF DEATH 15 APR 49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY Hospital

c. Length of stay in Baltimore Life Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 6215 Brook Ave

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W		24 Oct 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INSPECTOR FOR CITY	ENGINEER	MD.	USA

13. FATHER'S NAME Anthony Rose

14. MOTHER'S MAIDEN NAME Maria Palma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Patient	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Probable Coronary Thrombosis — Interval between onset and death: 18 HRS
DUE TO
(B) Post Operative Shock
DUE TO
(C)

II. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
14 APR 49	Intestinal Obstruction from Massive Adhesions	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 28 Mar, 1949, *to* 15 Apr, 1949, *that I last saw the deceased alive on* 15 Apr, 1949, *and that death occurred at* 1015 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Colin A Ferrie M. D.	Mercy Hospital	15 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 19th 1949	Holy Redeemer	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Leo J. Leach	1701-03 N. Patterson Park Ave

VS 150

122B

G73576
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

175 Registered No. G73576

1. NAME OF DECEASED (Type or Print): Daisy Irene Farley

2. DATE OF DEATH: April 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5323 Fernpark Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5323 Fernpark Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1879
9. AGE (In years last birthday): 69 yrs (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ? Wolfe
14. MOTHER'S MAIDEN NAME: Cora Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Mrs. Emily Rolph, 5323 Fernpark Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiorespiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
DUE TO
(B) Carcinoma of ovary — 6 months
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1947 *to* Apr. 15, 1949 *that I last saw the deceased alive on* Apr. 15, 1949 *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul W Rogers, M. D.
23B. ADDRESS: Pikesville-8, Md.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr. 18, 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetary
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Miles Amoreau
ADDRESS: 4510 Liberty Hgts Ave.

VS 150

49a

BIRTH NO. 73577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73577

1. NAME OF DECEASED (Type or Print): Martha G. Hook

2. DATE OF DEATH: April 16 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5008 Liberty Heights Ave

c. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5008 Liberty Heights Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 7 1882
9. AGE (In years last birthday): 67 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Lawrence
14. MOTHER'S MAIDEN NAME: Anna K. Nisl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Carroll Hook
ADDRESS: 5008 Liberty Hgts Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Complete Heart Block	5 years +
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Coronary arteriosclerosis	Same
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hypertension	Same

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1943 *to* Apr 16, 1949, *that I last saw the deceased alive on* Apr 9, 1949 *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alan Bernlee M. D.
23B. ADDRESS: 1109 N Calvert St
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 19 1949
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem
24D. LOCATION (City, town, or county) (State): Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wells Funeral
ADDRESS: 4510 Liberty Hgts Av

VS 150

94a

G73578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73578 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joshua Gregg

2. DATE OF DEATH April 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) St. Joseph's

c. Length of stay in Baltimore 30 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Long Green)
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	Colored	Married	Mar. 25, 1885	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired) Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anderson Gregg

14. MOTHER'S MAIDEN NAME Louisa Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT Joshua Gregg Jr. ADDRESS Long Green Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Lung Abscess of Right Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1949 *to* Apr. 17, 1949 *that I last saw the deceased alive on* April 17, 1949 *and that death occurred at* 6:15 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE Ward Revere Jr. M.D.

23B. ADDRESS 1400 N. Caroline St. Balto. Md.

23C. DATE SIGNED Apr. 18, 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried

24B. DATE April 19 1949

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State) Bluemont Va

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Mrs Bott A Elliott Daughter ADDRESS 1129 N. Carolina St

VS 150

114D

G73579

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73579

1. NAME OF DECEASED (Type or Print): LOUISE PARKER

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 632 Aull Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	colored			49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C. DATE SIGNED
M.D.		April 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/19/49	Mt Calvery	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 18 1949	Huntington Williams, M.D.	Mrs Robt A Elliott & Dgt.	920

VS 151

673580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673580

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Orlando W. Embry

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1622 N. Calvert Street

c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1217 St. Paul Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Widowed	Jan. 30, 1852	97	2	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Stoneworker		Indiana	

13. FATHER'S NAME: Charles Embry

14. MOTHER'S MAIDEN NAME: Elizabeth Ponsle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		

17. INFORMANT — ADDRESS: Mrs. Clara B. Steen, 1622 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Congestive Heart	unknown
DUE TO (B)	Arteriosclerotic Myocardiopathy of Heart.	
DUE TO (C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1948 *to* 4/15, 1949 *that I last saw the deceased alive on* 4/15, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Thompson M. D.	7623 E N Avenue	4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
removal	4/19/49	Paul Hill	St. Paul, Indiana

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 19 1949	Huntington Williams, M.D.	Wm. Cook, Inc., 1217 St. Paul Street

VS 150

937

673581

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673581 Registered No.

1. NAME OF DECEASED (Type or Print): ANNIE E. BELT

2. DATE OF DEATH: APRIL 16 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 840 W. 32nd St.
c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 840 W. 32nd St. 12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	married	May 26 1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Lewis	Sallie Baublitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Renal-Vascular Disease 2 yrs

DUE TO
(B)

DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-14 *,* 1949 *to* 4-16 *,* 1949 *that I last saw the deceased alive on* 4-16 *,* 1949 *and that death occurred at* 5:30 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. H. Mellorene	617 W. 40th St	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/19/49	St Mary's Hampden	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	Paul Ebkenauer & Son	345-17 Charles St

VS 150

131a

273582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 273582

1. NAME OF DECEASED (Type or Print): IDA H SHERMAN

2. DATE OF DEATH: 4-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3500 Ellamont Road
C. Length of stay in Baltimore: 45 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3307 Taney Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 68
If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Simon
14. MOTHER'S MAIDEN NAME: Gitel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sylvia Sherman ADDRESS: 3307 Taney Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A. Coronary heart disease — 2-3 yrs
DUE TO
B. Hypertension & arteriosclerosis — 6-7 yrs
DUE TO
C.

ANTECEDENT CAUSES

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Rheumatoid arthritis — 15-18 yrs

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE? (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936 to 4/17, 1949 that I last saw the deceased alive on 4/2, 1949 and that death occurred at 11P m., from the causes and on the date stated above.

23A. SIGNATURE: Dr. Herman Leigh, M.D.
23B. ADDRESS: 2404 Eutaw Pl
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-19-49
24C. NAME OF CEMETERY OR CREMATORY: Loudale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

94a

G73583

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73583 Registered No.

1. NAME OF DECEASED (Type or Print) Lillian BERMAN

2. DATE OF DEATH 4-18-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3515 Holmes Ave

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3515 Holmes Ave

5. SEX Female
6. COLOR or RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH
9. AGE (In years last birthday) 44
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Poland
14. MOTHER'S MAIDEN NAME Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Henry Berman ADDRESS 3515 Holmes Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO

(B) Hypertensive Cardio Renal Vascular Disease — 10 years
DUE TO

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/ 1949 to 4/18/49, *that I last saw the deceased alive on* 4/18/49, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B. ADDRESS 1310 Eutaw Pl
23C. DATE SIGNED 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4-19-49
24C. NAME OF CEMETERY OR CREMATORY B'Nai Israel
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

VS 150

131a

CERTIFICATE CORRECTED 5-10-49

73584 G73584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Perry Brooks

2. DATE OF DEATH: 4/14/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 932 N. Eutaw St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D STREET ADDRESS (If rural, give location): 932 N. Eutaw St.

c. Length of stay in Baltimore: 20 Yrs (Yrs. Mos. Days)

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/23/1899
9. AGE (In years last birthday): 49 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Charleston S. Ca. North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Brooks
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give War or dates of service): War
16. SOCIAL SECURITY NO
17. INFORMANT: Hattie Brooks — ADDRESS: 932 N. Eutaw St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Essential Hypotension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* April 14 1949, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert L. Bayliss M. D.
23B. ADDRESS: 722 N. Fulton Ave
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/19/1949
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Nat. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Elroy O. Wilson 1000 Brantly Ave

VS 150

94a

3585

BIRTH NO. B.C. 49-07536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776 G73585 Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Jacobs

2. DATE OF DEATH 4-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 6903 Dorset Place 2 / 20

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child
8. DATE OF BIRTH April 13, 1949
9. AGE (In years last birthday) If Under 1 Year: Months Days 6 If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Morris Jacobs
14. MOTHER'S MAIDEN NAME Elaine Goldman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Morris Jacobs ADDRESS 6903 Dorset Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1949, *to* April 18, 1949, *that I last saw the deceased alive on* April 18, 1949, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23A. SIGNATURE Albert J. Weiss M. D.
23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 19, 1949
24C. NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cem
24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1126 W North Ave

VS-150

159

G773586
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153 G773586
Registered No.

1. NAME OF DECEASED (Type or Print): Mary Ann Heigle

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1601 N. Wolfe St.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 10, 1875
9. AGE (In years last birthday): 73 — If Under 1 Year: Months 8, Days 7 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Duff
14. MOTHER'S MAIDEN NAME: Eliza Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO —
17. INFORMANT: Mrs. Thos. J. Clifford — ADDRESS: 1601 N. Wolfe St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Fibrosis
DUE TO
(B) Cysts of Lung
DUE TO
(C) Cardiac decompensation

ANTECEDENT CAUSES

II
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Arterio-sclerotic Heart Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Carcinoma of Colon

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 7, , 1949, to Apr. 17, , 1949 *that I last saw the deceased alive on* April 17, 1949, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ray E. Pierson Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: April 17, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/20/49
24C. NAME OF CEMETERY OR CREMATORY: Balto.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: E. J. Fleming & Son — ADDRESS: 1938 E. Lafayette ave.

VS 150

46E

~~73587~~

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17

G73587

Registered No.

1. NAME OF DECEASED (Type or Print) FRANCES MARGARET LOOS

2. DATE OF DEATH Apr. 18. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1613 Darley Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore -13
D. STREET ADDRESS (If rural, give location) 1613 Darley Ave.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 25. 1885

9. AGE (In years last birthday): 63 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George O. Miller

14. MOTHER'S MAIDEN NAME: Louisa Glenzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes give war or years of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Mrs. Lillie May Hardt. ADDRESS: 1639 Darley Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer, breast, bilateral — Interval between onset and death: 3 yrs

DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1948, *to* April, 1949, *that I last saw the deceased alive on* 17 April, 1949, *and that death occurred at* 8:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jay M. Zeniemen M.D.

23B. ADDRESS: 2868 Hanford Rd

23C. DATE SIGNED: 19 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Apr. 21. 49

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.

ADDRESS: Baltimore Md.

VS 150

50

73588 G73588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-08859 6 Registered No.

1 NAME OF DECEASED (Type or Print) Baby Girl Wachter

2 DATE OF DEATH 4-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy

c. Length of stay in Baltimore life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.
D. STREET ADDRESS (If rural, give location) 3410 Elliott St. 2 6 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	S	4-16-49		2D	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—		USA

13. FATHER'S NAME George Wachter

14. MOTHER'S MAIDEN NAME Barbara Poertschacke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity – 26 weeks	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-18 1949, to 4-18-49, 19 , *that I last saw the deceased alive on* 4-18 1949, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John M. Behrens MD M. D.	Mercy	4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-19-49	SACRED HEART CEM.	GERMAN HILL RD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, MD	Charles S. Zeiler	901 S. Conkling St.

MEDICAL CERTIFICATION

VS 150

159

73589 B-128237

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 G73589 Registered No.

1. NAME OF DECEASED (Type or Print) Samuel Abney

2. DATE OF DEATH April 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 636 Hillview Avenue (25)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Single	9/15/1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook		Prosperity, S.C.	

13. FATHER'S NAME: Pepe Abney

14. MOTHER'S MAIDEN NAME: Mamie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or date of service)	16. SOCIAL SECURITY NO.
Yes	W.W.#1	

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia, due to glomerulo nephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart D. with failure-Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES Yes NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-13, 1949, *to* 4-14, 1949, *that I last saw the deceased alive on* 4-14 1949, *and that death occurred at* 8:25 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Ave.	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	4/19/49	Balto Metl Cem	Balto City Md

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Washington Williams, M.D.	Chas. H. Corbin - 512	Conway St.

VS 150

937

73590

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

416 G73590 Registered No.

1. NAME OF DECEASED (Type or Print): Dorothy Thompson

2. DATE OF DEATH: April 19 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): annapolis
D. STREET ADDRESS (If rural, give location): 48 Randall

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 3 - 1903
9. AGE (In years last birthday): 46
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): annapolis, md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mahon
14. MOTHER'S MAIDEN NAME: Mary Purkee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: William Thompson ADDRESS: 48 Randall st annapolis md

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min
DUE TO
(B) Previous coronary attacks — 1 year
or
(C) Rheumatic Cardiac Disease — 1-3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1949, to April 19, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Robert C. Hunter McDiv M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 23/49
24C. NAME OF CEMETERY OR CREMATORY: annapolis
24D. LOCATION (City, town, or county) (State): annapolis md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. Happing & Son
ADDRESS: annapolis md

VS 150

95B

G73591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

490

G73591 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES TAYLOR

2. DATE OF DEATH April 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1232 Penna. Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Widowed	April 1885	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME Benjamin Taylor

14. MOTHER'S MAIDEN NAME ? Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Naomi Candis	1232 Penna. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ARTERIOSCLEROTIC HT. DISEASE		unknown
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) Left Lobar Pneumonia		unknown
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12-49, 19__, *to* 4-15-49 19__, *that I last saw the deceased alive on* 4-15 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William G. Rogue M. D.	Provident Hospital	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-19-49	Mt. Auburn Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	Mr. Frances A. Hemsley & W. Biddle	548

US 150

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23592 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4221 Registered No. 23592

1. NAME OF DECEASED (Type or Print): LOUISA K. DIETZ MEISE

2. DATE OF DEATH: April 15th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4317 Glenmore Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D STREET ADDRESS (If rural, give location): 4317 Glenmore Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated
8. DATE OF BIRTH: Dec. 10th, 1871
9. AGE (In years last birthday): 77 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Spielman
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Louis Dietz. ADDRESS: 4318 Glenmore Ave. Balto. 6 Md

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Dilatation. — (INTERVAL BETWEEN ONSET AND DEATH) 2 days.
DUE TO
(B) arteriosclerosis Hypertension.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1949, *to* April 15, 1949 *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Harding M. D.
23B. ADDRESS: 3805 Belair Rd
23C. DATE SIGNED: April 16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/19/49
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Luth.
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS: 7401 Belair Rd.

VS 150

97

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G735593

BIRTH NO. 735593

1. NAME OF DECEASED (Type or Print) K. CHARLESMON SMITH

2. DATE OF DEATH 4-17-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
D. STREET ADDRESS (If rural, give location) 1100 N CAREY ST. 16 0 Y

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PROVIDENT HOSPITAL BALTO. Md.

c. Length of stay in Baltimore ? Yrs. Mos. Days

5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED

8. DATE OF BIRTH 5-28-02 | 9. AGE (In years last birthday) 46 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME JAMES SMITH

14. MOTHER'S MAIDEN NAME MALINDA E. KRIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO ?

17. INFORMANT HOSPITAL CHART ADDRESS

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA — Interval between onset and death: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) RENAL FAILURE — ?

DUE TO

(C) CHRONIC GLOMERULONEPHRITIS — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS — 20 YRS

19A. DATE OF OPERATION NONE

19B. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NATURAL

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4-14 1949 *to* 4-17 1949, *that I last saw the deceased alive on* 4-17 1949 *and that death occurred at* 8 25 p *m., from the causes and on the date stated above.*

23A. SIGNATURE George A. Hart M. D. | 23B. ADDRESS Provident Hospital | 23C. DATE SIGNED 4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE April 24, 1949 | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) Knoxville, Tenn.

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Joseph L. Russ | ADDRESS 1200 McCulloh St.

VS 150

61

73594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B-73594

Registered No. G 73594

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTHA BRASHEWITZ or ATROSHKA

2 DATE OF DEATH: April 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1807 Belt Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1807 Belt Street

2-4-4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Female
6 COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8 DATE OF BIRTH: Not known
9 AGE (In years last birthday): about 51
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not known
14 MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service):
16. SOCIAL SECURITY NO.:
17 INFORMANT: Mrs. Martha Cavanaugh — ADDRESS: 1807 Belt Street

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-vascular disease

DUE TO

(B) Arteriosclerosis generalized

DUE TO

(C) Asthma-chronic bronchitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Robert B McFadden M.D.
23B CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR
23C DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 20, 1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Russian
24D. LOCATION (City, town, or county) (State): Elkridge, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: April 19, 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: John A. Greblianckas, Jr. — ADDRESS: 423 S. Paca St.

VS 151

93D

73595

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1 G73595

1. NAME OF DECEASED (Type or Print) Emma A. Coard	2. DATE OF DEATH April 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4017 N. Rogers Ave.	C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Life (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location) 4017 N. Rogers Ave.
5. SEX Female	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15, 1879
9. AGE (In years last birthday) 70 yrs	If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - At Home	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George C. Schwartz	14. MOTHER'S MAIDEN NAME Nora O'Shaunessey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Fayette C. Coard	ADDRESS 4017 N. Rogers Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocarditis & Coronary Disease	Dec 1 '48
DUE TO	(B) myocardition	Dec 1 '48
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1948, *to* Apr 18, 1949, *that I last saw the deceased alive on* Apr 18, 1949, *and that death occurred at* 12.15 P., *from the causes and on the date stated above.*

23A. SIGNATURE J. E. Poulton M. D.	23B. ADDRESS 3909 Garrison Blvd.	23C DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 20, 1949	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949	REGISTRAR'S SIGNATURE Huntington for Williams, M.D.	FUNERAL DIRECTOR L. Wells, Attorney
ADDRESS 4510 Liberty Hgts Ave		

VS 150

93E

73596 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 G73596 Registered No.

1. NAME OF DECEASED (Type or Print): Miller, Ethel MATILDA

2. DATE OF DEATH: 4-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. Gen. Hospt

c. Length of stay in Baltimore: 33 Yrs 25 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1618 Jackson St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 16 1860
9. AGE (In years last birthday): 89
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Parrish
14. MOTHER'S MAIDEN NAME: Martha E. Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-3056
17. INFORMANT: John S. Miller
ADDRESS: 1618 Jackson St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subaracanoid hemorrhage
DUE TO
(B) Hypertensive cardiovascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16-49, 19__, *to* 4-17-49, 19__, *that I last saw the deceased alive on* 4-17-49 19__, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: William F. Haun M. D.
23B. ADDRESS: South Baltimore General Hospital
23C. DATE SIGNED: 4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge Memorial Pk.
24D. LOCATION (City, town, or county) (State): Washington Blvd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph F. Cambone
ADDRESS: 937

VS 150

73597 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949-8 — Registered No. G73597

1. NAME OF DECEASED (Type or Print): Charles Wisner

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore County — Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 415 Maryland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	10-6-1914	34	6 / 5	X / X

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ck-Mess Steward

10B. KIND OF BUSINESS OR INDUSTRY: Navy

11. BIRTHPLACE (State or foreign country): Mt Carmel, Balto County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Wisner

14. MOTHER'S MAIDEN NAME: Blanch Kelbaugh.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.

16. SOCIAL SECURITY NO.: 216-01-7596

17. INFORMANT: Mrs. Sophia Kathryn Wisner — ADDRESS: 415 Maryland Ave

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive lung metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

(B) Some Obscure Carcinoma - renal, etc or bronchogenic — 4-5 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bony + cerebral metastases — 3 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1949, *to* April 17, 1949, *that I last saw the deceased alive on* April 16, 1949, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. C. Hunter M.D. M. D.

23B. ADDRESS: University Hospital

23C. DATE SIGNED: 4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7-21-49.

24C. NAME OF CEMETERY OR CREMATORY: Oakelawn Cemetery

24D. LOCATION (City, town, or county) (State): Eastern Ave, Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949

REGISTRAR'S SIGNATURE: Tuntington Williams, M.D.

25. FUNERAL DIRECTOR: George J. Fuith Inc. — ADDRESS: 1735 Hanford Ave.

VS 150

47c

3598 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31 G73598 Registered No.

1. NAME OF DECEASED (Type or Print): Richard H. Smith, Jr.

2. DATE OF DEATH: April 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5706 Lock Raven Blvd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5706 Loch Raven Boulevard 21-38

5. SEX: male
6. COLOR OR RACE: white.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 26, 1857
9. AGE (In years last birthday): 92 — Under 1 Year: Months Days — Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard H. Smith
14. MOTHER'S MAIDEN NAME: Sarah Jane Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Richard B. Smith — ADDRESS: P.O.Box 993, Tallahassee Florida

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 7 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis — Interval between onset and death: Unknown
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Prostatic Hypertrophy — Interval between onset and death: Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 22, 1949 *to* Apr. 16, 1949, *that I last saw the deceased alive on* Apr. 16, 1949, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John W. Vanamon M.D.
23B. ADDRESS: 1109 St. Paul St.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4 - 19 - 49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: H. Clayton Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.
Mitchell B. Mitchell

VS 150

83a

73599
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73599
Registered No.

1. NAME OF DECEASED (Type or Print) Joseph F. Dippold.

2. DATE OF DEATH 4-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Balto Genl

c. Length of stay in Baltimore Yrs. 8 Mos. 01 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3131 Lanvale

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	Sept 29-1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Baltimore Md	

13. FATHER'S NAME Martin Dippold

14. MOTHER'S MAIDEN NAME Margaret Linchman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	214-12-1685	Anna Dippold	3131 Lanvale

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ruptured abdominal aneurysm (aortic)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO Arterio-sabberosis - Generalized
(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Erosion of sigmoid colon.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from April 15, 1949, to April 18, 1949, that I last saw the deceased alive on April 18, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Leonard Fowler MD	West Baltimore Genl Hosp	April 18 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	4-21-49	Holy Redeemer	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	Leonard Funeral	5305 Harford Rd

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73600 Dr. Peterman
1224 Hanover St.
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° G73600 Registered No.

1. NAME OF DECEASED (Type or Print)	MARY ELIZABETH SUNDERLAND
2. DATE OF DEATH	Aprl 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1719 Jackson Street
c. Length of stay in Baltimore: Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1719 Jackson Street
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	Jan. 23, 1904
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.	45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	at home
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	George Hoffman
14. MOTHER'S MAIDEN NAME	Mary Virginia Hunt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT / ADDRESS	Clarence Sunderland, 1719 Jackson

CAUSE OF DEATH

18.

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Right Breast with generalized metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 years

19A. DATE OF OPERATION	april 24, 1947
19B. MAJOR FINDINGS OF OPERATION	Cancer Rt Breast - Radical amputation - deep Xray -
20. AUTOPSY?	YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.
21E. INJURY OCCURRED	WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* May 15, 1948 *to* April 18, 1949, *that I last saw the deceased alive on* April 17, 1949, *and that death occurred at* 7:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	James E. Peterman M. D.	
23B. ADDRESS	1226 Hanover St	
23C. DATE SIGNED	April 18, 1949	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-20-49	Cedar Hill	Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949	REGISTRAR'S SIGNATURE: [illegible] Washington Williams, M.D.	25. FUNERAL DIRECTOR / ADDRESS	Leonard J. Ruck, 5305 Harford Road

VS 150

50

73601 G73601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GENEVA P. WOOLF

2. DATE OF DEATH: Apr. 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2215 Windsor Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2215 Windsor Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 3, 1888
9. AGE (In years last birthday): 60 yrs.
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Harry George
14. MOTHER'S MAIDEN NAME: Geneva Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Sidney E. Woolf
ADDRESS: 2215 Windsor Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

(B) Cardio. renal vascular disease — 2 yrs

DUE TO

(C) arteriosclerosis — 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ✓
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ✓
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: ✓ m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* June 1947 *to* April 16, 1949 *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 9 9 m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Frederick Leitz M. D.
23B. ADDRESS: Temple Garden.
23C. DATE SIGNED: April 16 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/19/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

131a

73602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 no 1 G 73602

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): CLARK C. ADAMS

2. DATE OF DEATH: Apr. 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 520 Overdale Rd.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 520 Overdale Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	Oct. 2, 1884	64 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Foreman	Bethlehem Steel Co.	Wilkes Barre, Pa.	

13. FATHER'S NAME: Arthur Adams

14. MOTHER'S MAIDEN NAME: - Bushnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
- yes	World War #1	213-07-6968	Mrs. Gladys O. Adams	520 Overdale Rd.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 14 *1949 to* Apr 16 *1949 that I last saw the deceased alive on* Apr 16 *1949, and that death occurred at* 6:30 p m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. P. Van Schuyver M. D.	4818 Edmondson Ave	4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/20/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

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G73603

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73603

1. NAME OF DECEASED (Type or Print) LAWRENCE J. HESS	2. DATE OF DEATH Apr. 18, 1949
3a. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5211 Springlake Way	b. COUNTY
c. Length of stay in Baltimore 21 yrs. (Yrs. Mos. Days)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
	d. STREET ADDRESS (If rural, give location) 5211 Springlake Way

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	Married	Apr. 24, 1886	62 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt. Pipe Mill	Bethlehem Steel Co.	Evanston, Ill.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jere M. Hess	Mary Elizabeth Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Beulah Hess	5211 Springlake Way

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO (B) Bilateral ureteral obstruction, double hydronephrosis, due to

DUE TO (C) Neurofibroma (organ and organism primary nerves)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION S	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feby 4 1949 & Nov 24 1948	Inoperable Tumor in pelvis	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 7 1948 *to* April 18, 1949 *that I last saw the deceased alive on* April 17, 1949 *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis P. Hamburger M. D.	1207 Easton Place	April 19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/20/49	Prairie Rest Cem;	Delevan, Ill.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Cunningham Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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73604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 73604 Registered No. G73604

1. NAME OF DECEASED (Type or Print): Louis Russo

2. DATE OF DEATH: April 17-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dea Hospital Charles + 27th St.

C. Length of stay in Baltimore: 16 years (Yrs.) (Mos.) (Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 821 Cator Ave 9-01

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 31-1873
9. AGE (In years last birthday): 76 — If Under 1 Year: Months 0, Days 16 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fortunato Russo
14. MOTHER'S MAIDEN NAME: Guzzo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Benjamin Russo — ADDRESS: 821 Cator Ave

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Arteriosclerotic Heart Disease

DUE TO

(C) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13- 1949 to 4-17 1949 that I last saw the deceased alive on 4-17 1949, and that death occurred at 8:15A m., from the causes and on the date stated above.

23A. SIGNATURE: Louis Gleason MD M. D.
23B. ADDRESS: 2730 N Charles st
23C. DATE SIGNED: 4-17-49

23A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/21/1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Road Balto Md

DATE RECEIVED BY REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Joseph Turse Jos. 2013 Greenmount Ave

VS 150

93D

3605 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 45 G73605

1. NAME OF DECEASED (Type or Print): David Anderson
2. DATE OF DEATH: April 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland — Dalen 2
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
c. Length of stay in Baltimore: Yrs. Mos. Days
D. STREET ADDRESS (If rural, give location): 106 W. Biddle St
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-1-07
9. AGE (In years last birthday): 42 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foster
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): So. Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Anderson
14. MOTHER'S MAIDEN NAME: Minnie Doggins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malignant Nephroadenoma — DUE TO —
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO —
(C)
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: about 6 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11 to 4/18, 1949 that I last saw the deceased alive on 4/18, 1949 and that death occurred at 9 m., from the causes and on the date stated above.

23A. SIGNATURE: Benjamin E. Lynch M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/20/1949
24C. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24D. LOCATION (City, town, or county) (State): Packolet, S. C.
DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Feldhaus, M.D.
25. FUNERAL DIRECTOR: Geo. George H. Holland - Druid Hill Ave.
ADDRESS: 1631

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73606 — 59 — G73606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Rebecca Anderson

2. DATE OF DEATH: 4-18-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location.): 1517 Druid Hill Ave. Be Wil Bar Home
C. Length of stay in Baltimore: 50 Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 126 W. Perry St 7 - 01

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-6-1878
9. AGE (In years last birthday): 70
If Under 1 Year: Months 4 Days 12
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: James Hounsey
14. MOTHER'S MAIDEN NAME: Margaret Day

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Florida Miller ADDRESS: Arnold Maryland

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Nephritis - Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO
(B) Pulmonary edema - anasarca
DUE TO
(C) Uremia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9-1949 to 4-18-1949, that I last saw the deceased alive on 4-[illegible]-1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 600 N. Arlington Ave.
23C. DATE SIGNED: 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4/21/49
24C. NAME OF CEMETERY OR CREMATORY: Bradneck
24D. LOCATION (City, town, or county) (State): Annapolis Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Joseph Linthicum ADDRESS: 661 W. Barre St

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773607

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 773607

1. NAME OF DECEASED (Type or Print) Ernest Wright

2. DATE OF DEATH 4-16-49-S

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ba. Wid. Bar Home 1317 Madison Avenue

C. Length of stay in Baltimore? Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16
D. STREET ADDRESS (If rural, give location) 1522 W. Lafayette Avenue

5. SEX Male | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7-10-1901 | 9. AGE (In years last birthday) 47 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-16-8513

17. INFORMANT Mr. C. S. Jones ADDRESS 1311 Riggs Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Nephritis - Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

DUE TO

(B) Pulmonary Edema - Anasarca -

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9- 1949, *to* 4-16- 1949, *that I last saw the deceased alive on* 4-15- 1949, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D. | 23B. ADDRESS 600 N. Carrington Ave. | 23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE 4/20/49 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn | 24D. LOCATION (City, town, or county) Baltimore (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 19 19

REGISTRAR'S SIGNATURE Livingston Williams M.D.

25. FUNERAL DIRECTOR Charles A. Rice ADDRESS 661 W Barre

VS 150

131a

73608

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

177 Registered No. G73608

1. NAME OF DECEASED (Type or Print): Grafton Queen

2. DATE OF DEATH: Apr. 15 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md — B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lansdale
D. STREET ADDRESS (If rural, give location)

5. SEX: male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2-8-76
9. AGE (In years last birthday): 73 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Queen
14. MOTHER'S MAIDEN NAME: Lizzie Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Metastatic carcinoma of Prostate — DUE TO
(B) — DUE TO
(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 13, 1949 *to* Apr. 15, 1949, *that I last saw the deceased alive on* Apr. 15 1949, *and that death occurred at* 10 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bartholow Eugene Spruill M. D.
23B ADDRESS: JOHNS HOPKINS HOSPITAL
23C DATE SIGNED: 4/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/19/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct
24D LOCATION (City, town, or county) (State): A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: D. L. Brown & Son — ADDRESS: 108 W. Montgomery St

VS 150

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73609

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

18 1

G73609
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Elizabeth Domm

2. DATE OF DEATH 4/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland St. Agnes Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St Agnes Hospital

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2667 St. Benedict St.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White		8/25/1886	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housework	at Home	Md.	U. S. A.

13. FATHER'S NAME
Jeremiah McGraw

14 MOTHER'S MAIDEN NAME
Alice McSherry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Mrs Marie R. Stamm	2586 Hollins St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vasc. Accident — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Carcinoma of Bladder

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4/14/49	Papillary Ca. of Bladder	YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) OF INJURY	Hour	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/8/ , 1949 to 4/18 , 1949 *that I last saw the deceased alive on* 4/18 , 1949 *and that death occurred at* 4 20 P m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
L. N. D'Elia Jr. M. D.	St. Agnes Hosp.	4/18/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/21/49	St Matthews Cem.	O'Donnell St

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	John J. Cowan & Son	900 Collins St

AP 1-50

52B

73610

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73610

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Ida Viola Benson

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3608 Roland Avenue

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3608 Roland Avenue / 3 0 6

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1864
9. AGE (In years last birthday): 84 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jesse Fisher

14. MOTHER'S MAIDEN NAME: Elspeth Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: ---

17. INFORMANT: G. Wilton Benson
ADDRESS: 604 E. Joppa Road

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic Interstitial Nephritis 3 months

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3 1949, *to* Apr. 17, 1949 *that I last saw the deceased alive on* April 17 1949, *and that death occurred at* 7¹⁵ A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harl A Benson, M.D. M. D.
23B. ADDRESS: 5111 York Rd.
23C. DATE SIGNED: 4/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road

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3611

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

APR 20 1949

Registered No. 3611

1. NAME OF DECEASED (Type or Print): Paul B. Duering

2. DATE OF DEATH: April 18, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 800 Wellington Street

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 800 Wellington Street 13 06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov. 30, 1885
9. AGE (In years last birthday) / If Under 1 Year: Months Days / If Under 24 Hours: Hours Min.: 63

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Edward V. Duering
14. MOTHER'S MAIDEN NAME: Anna P. Carlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-09-5745 A
17. INFORMANT: Mrs. Mary E. Ward — ADDRESS: 842 W. 36th Street

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis, pulmonary
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1949 *to* April 18, 1949, *that I last saw the deceased alive on* Apr 15, 1949, *and that death occurred at* A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm N. McFaul Jr M. D.
23B. ADDRESS: 840 W. 36th St
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 21, 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road

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G73612

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1500 G73612

Registered No.

1. NAME OF DECEASED (Type or Print) WILHELMENA BECK.

2. DATE OF DEATH April-17-1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland - 115-S. AUGUSTA-AVE.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY —

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.

D. STREET ADDRESS (If rural, give location) 115. S. Augusta Ave

C. Length of stay in Baltimore 94yrs. (Yrs. Mos. Days)

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.

8. DATE OF BIRTH Dec. 27-1848

9. AGE (In years last birthday) 100 years. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife.

10B. KIND OF BUSINESS OR INDUSTRY At home.

11. BIRTHPLACE (State or foreign country) Gemany.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilhelm Cliff.

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.

(If yes, give war or dates of service) None.

16. SOCIAL SECURITY NO. None.

17. INFORMANT Mrs. John Shea - ADDRESS 115-S. Augusta Ave

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalyzed Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct , 1941, *to* April 17, 1949, *that I last saw the deceased alive on* Jan 27 1949 *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE J. McCall M. D.

23B. ADDRESS 332 Fredrick Ave

23C. DATE SIGNED 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.

24B. DATE April, 20 '49.

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery.

24D. LOCATION (City, town, or county) (State) Baltimore - Md.

REGISTRAR'S SIGNATURE Hunting for Williams, M.D.

25. FUNERAL DIRECTOR Charles J. Schwab, - ADDRESS 3512-Fred'k. Ave.

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G73613

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 no 1 G736613

Registered No.

1. NAME OF DECEASED (Type or Print) Mary R. Allen

2. DATE OF DEATH April 16. 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 530 S. Ellwood Ave.

C. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 530 S Ellwood ave 1-02

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3/7/1905.

9. AGE (If years last birthday) 44. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector.

10B. KIND OF BUSINESS OR INDUSTRY Holland Dairy Factory

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Hoben.

14. MOTHER'S MAIDEN NAME Francis Mc. Gee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

(If yes, give war or dates of service) none.

16. SOCIAL SECURITY NO

17. INFORMANT Milton Allen. ADDRESS 5305 Ellwood ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4/11/49

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Eugene Zeller M. D.

23B. ADDRESS 2739 Eastern Ave

23C. DATE SIGNED 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24B. DATE April 19. 1949.

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer.

24D. LOCATION (City, town, or county) (State) Belair Road. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949

REGISTRAR'S SIGNATURE Thornton Williams, M.D.

25. FUNERAL DIRECTOR Wendell Hupp ADDRESS 3128 Highland ave

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G73614 BASSIL G73614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. H-91522 Registered No.

1. NAME OF DECEASED (Type or Print) Ronald Bassil

2. DATE OF DEATH 4/3/49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland ~~Baltimore County~~

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sydenham Hospital

c. Length of stay in Baltimore 17 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write IN R.F.D. and give township) Baltimore 12
D. STREET ADDRESS (If rural, give location) 1706 Brentwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Col.	Single	Oct. 15-1947	1 yr		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	U.S.A.

13. FATHER'S NAME Walter McLain

14. MOTHER'S MAIDEN NAME Angelia Bassil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	No.		Mrs. Bassil (Grandmother)	Balto. Md.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) T.B. Meningitis — INTERVAL BETWEEN ONSET AND DEATH March 1949
DUE TO
(B) Pulmonary T.B. — 5-1948
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 18, 1949 *to* Apr. 16, 1949 *that I last saw the deceased alive on* Apr. 16, 1949, *and that death occurred at* 2:05 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nancy M. Cohen M. D.	Sydenham Hosp.	4/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-20-49	Mt. Calvary Cemetery	Cedar Hill Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21 1949	Huntington Williams, M.D.	Adolphus Halstead	

VS 150

130

BIRTH NO. 3668007 48 6007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33

Registered No. G73615

1. NAME OF DECEASED (Type or Print): Joseph T. Allridge

2. DATE OF DEATH: APR 18 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

b. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk,
D. STREET ADDRESS (If rural, give location): 106 Willow Spring Road, #22

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 3-28-96
9. AGE (In years last birthday): 52 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Allridge
14. MOTHER'S MAIDEN NAME: Mary Ann Geneswordt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis or embolism — INTERVAL BETWEEN ONSET AND DEATH: 3½ mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C) Arteriosclerosis, cardiac arrhythmia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-, 1949 to 4-18-, 1949 that I last saw the deceased alive on 4-18-, 1949, and that death occurred at 4 05 Am., from the causes and on the date stated above.

23A. SIGNATURE: Wilbur W. Winternitz, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 21, 1949
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: ADDRESS: Roland L. Fisher, 2112 Dundalk Ave

VS 150

83B

G73616
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 D

G73616
Registered No.

1. NAME OF DECEASED (Type or Print): Margaret Sanderson

2. DATE OF DEATH: April 19 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Guilford
D STREET ADDRESS (If rural, give location): 901 E

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 7-6-46
9. AGE (In years last birthday): 2 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rose Sanderson
14. MOTHER'S MAIDEN NAME: Margaret Hollenbach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease
DUE TO Tetralogy of Fallot

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-19-49
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Yr.) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1949 to 4/19, 1949, that I last saw the deceased alive on 4/19, 1949, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: W. A. Mueller Jr. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: London Park.
24D. LOCATION (City, town, or county) (State): Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: John O. Mutchler Sons Co. 1900 Eutaw Pl.

Non-Medical Ex Case to be suppressed (OJM) 157E

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6736:7

1. NAME OF DECEASED (Type or Print): Jasper Higgs

2. DATE OF DEATH: 17 April 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1909 Wilhelm St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20
D. STREET ADDRESS (If rural, give location): 1909 WILHELM ST. 03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 22, 1902
9. AGE (In years last birthday): 47 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: PRODUCE
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HIGGS
14. MOTHER'S MAIDEN NAME: PRISCILLA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 218-18-0149
17. INFORMANT: MRS JASPER HIGGS — ADDRESS: 1909 WILHELM ST.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, M.D.
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR
23C. DATE SIGNED: 18 April 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL
24B. DATE: April 20/1949
24C. NAME OF CEMETERY OR CREMATORY: HENDERSON CEM.
24D. LOCATION (City, town, or county) (State): MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HARRY H. WITZKE — ADDRESS: 4101 EDMONDSON AVE.

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G73618
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ X 43 4 Registered No. G73618

1. NAME OF DECEASED (Type or Print): Margaret Mary Durst

2. DATE OF DEATH: 4/16/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors, Hospital.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Baltimore Highlands
D. STREET ADDRESS (If rural, give location): 2823 Michigan Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1880
9. AGE (In years last birthday): 68 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Peter Mc Gonigle

14. MOTHER'S MAIDEN NAME: Margaret Mary Mc Gonigle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs Edward Miller Daughter — ADDRESS: 2823 Michigan, Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C.V.D — 2 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2 19 49 *to* 4/16 19 49 *that I last saw the deceased alive on* 4/16 19 49 *and that death occurred at* 5P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Schofield M. D.
23B. ADDRESS: 2201 Arunah Rd
23C. DATE SIGNED: 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 20'49
24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR, ADDRESS: HARRY H WITZKE - 4101 EDMONDSON AVE

VS 150

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G73619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6 10 G73619 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Bartkowiak

2. DATE OF DEATH April 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 420 Oriole Ave.

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 29, 1863
9. AGE (In years last birthday) 85 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not any
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wawrzyniec Bartkowiak
14. MOTHER'S MAIDEN NAME Katherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Martha Kucharczyk ADDRESS 420 Oriole Ave

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Urinary Retention

DUE TO

(C) Benign Prostatic Hypertrophy

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 16, , 1949 *to* Apr. 17, , 1949 *that I last saw the deceased alive on* April 17, 1949, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Max E. Brown Jr. M. D.
23B. ADDRESS 1400 N. Caroline St.
23C. DATE SIGNED April 17, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE 4-20-49
24C. NAME OF CEMETERY OR CREMATORY Holy Cross Brooklyn
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR George A. Weber ADDRESS 705 South Ann Street

VS 150

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G73620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73620

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edna Johnson

2. DATE OF DEATH 4-16-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hosp.

c. Length of stay in Baltimore: all life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 230 Douglas Court

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	col.	Married	March 25, 1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife,		Baltimore, Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Hilliard	Hester Spanrolt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			William Johnson	230 Douglas Court

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Arteri-sclerotic C.V. Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D		4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-20-49	Balts. Nat.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1949	Huntington Williams, M.D.	Elroy O. Wilson	1000 Brentwood Ave

151

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G73621

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

260

Registered No. G73621

1. NAME OF DECEASED (Type or Print): Mary Walker

2. DATE OF DEATH: 16 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1414 N. Mount St.

C. Length of stay in Baltimore: 50 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 1414 N. Mount St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Married	Sept. 15. 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Durham N. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Rigsbee	Sorella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Louise Bowman 1414 N. Mount St.

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

DUE TO

(B)

DUE TO

(C) Diabetes Mellitus — 7 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ✓, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ✓	23C. DATE SIGNED
Wm. H. Kummer, Jr. M.D.		17 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-20-49	Arbutus Memorial Park	Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
APR 19 1949	Huntington Williams, M.D.	Elsey O. Wilson 1700 Brantley Md

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61

73622

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0 n 3

Registered No. 73622

1. NAME OF DECEASED (Type or Print): WILLIAM SMITH

2. DATE OF DEATH: April 16, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (If rural, give location): 1116 Low Street

5 - 07

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHN HOPKINS HOSPITAL

c. Length of stay in Baltimore: 3 Yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Single	Sept. 15.1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unmployd		Norkfolk Va.	U?S.A.

13. FATHER'S NAME: Unkown

14. MOTHER'S MAIDEN NAME: Nukown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Elizabeth Lane	1116 Low St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic cardiovascular disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McCafferty M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/19/ 1949

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949

REGISTRAR'S SIGNATURE: Twittington Williams, M.D.

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave

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30E

G73623 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 98 G73623 Registered No. N-861.2

1. NAME OF DECEASED (Type or Print): Mary Miles or Marie Scott — 2. DATE OF DEATH: 4-16-49

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hosp.

c. Length of stay in Baltimore: all life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural, give location): 2107 N. Bradford St 6-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	Married	Sept. 2, 1924	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if not recently): Laundry Work — 10B. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Baltimore Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Scott — 14. MOTHER'S MAIDEN NAME: Mable Sheppard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 219-16-[illegible] — 17. INFORMANT: Mable Scott — ADDRESS: 2107 N. Bradford St

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab Wound of Heart
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): HOME — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 206 N. Montford Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/16/49 7 P.m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21F. HOW DID INJURY OCCUR? Sharp Instrument

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE M.D. — 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ — 23C. DATE SIGNED 4-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 4-21-49 — 24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cem. — 24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 19 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantley Ave

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73624

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

99-8

G73624

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH LAWRENCE HOYER

2. DATE OF DEATH: 4-19-44

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 2703 Goodwood Rd. 27-C 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Jan. 24, 1886	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Room Clerk	Gerotor May Corp.	Maryland	

13. FATHER'S NAME: William Hoyer

14. MOTHER'S MAIDEN NAME: Mary A. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		216-07-7652	Mrs. Bertha E. Hoyer	2703 Goodwood Rd.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months
DUE TO
(B) Carcinoma (site undetermined)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Marked cachexia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from March 31, 1944, to April 19, 1944 that I last saw the deceased alive on April 19, 1944, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. C. Hunter, M.D.	Univ. Hosp.	4-[illegible]-44

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/22/44	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 19 1944	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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G736625

G736625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-09383 — 776 Registered No.

1. NAME OF DECEASED (Type or Print): BABY GIRL KARPOOK

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST BALTIMORE GENERAL HOSP.

c. Length of stay in Baltimore: 50 Yrs. / 60 Mos. / hr Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4018 Colborne Rd. Balto. Md
D. STREET ADDRESS (If rural, give location): 4018 Colborne Rd 16 - 8

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April 12, 1949

9. AGE (In years last birthday): [illegible] — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min. 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RUSSELL KARPOOK

14. MOTHER'S MAIDEN NAME: Lillian PISARUCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: —

17. INFORMANT — ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 50 / 60 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949 *to* April 12, 1949 *that I last saw the deceased alive on* April 12, 1949 *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel L. Silverstein M. D.

23B. ADDRESS: West Balto Gen. Hosp.

23C. DATE SIGNED: 4/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State): APR 18 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR — ADDRESS

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73626

BIRTH NO. B.C. 49 7747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

761 D G73626 Registered No.

1. NAME OF DECEASED (Type or Print): BABY Boy WILSON

2. DATE OF DEATH: 4-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women - Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — Towson
D. STREET ADDRESS (If rural, give location): 8 Edgecliff Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	S.	4-13-49			9 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U S.

13. FATHER'S NAME: David Herbert Wilson

14. MOTHER'S MAIDEN NAME: Catherine Allen Dickey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mother	8 Edgecliff Rd.

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I	B. Premature Separation of Placenta DUE TO C. Massive Hemorrhage	12 hours
ANTECEDENT CAUSES	A. Sustained Anoxia in Utero DUE TO (C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No.		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-15 19 49 *to* 4-16 19 49 *; that I last saw the deceased alive on* 4-16-49 19 ___ *, and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Vernon C. Kelly M. D.	Woman's Hospital	4-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal.		UNIVERSITY MEDICAL SCHOOL APR 18 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams, MD	[illegible]	

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G73627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 151

G73627 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Ethel Wagner

2. DATE OF DEATH: April 18, 49

3. PLACE OF DEATH: a. Baltimore City, Maryland — BALTIMORE

b. FULL NAME OF HOSPITAL OR INSTITUTION: 500½ E. 42nd St (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 500½ E. 42nd St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: APRIL 18, 1909
9. AGE (In years last birthday): 40 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ferdinand Wagner
14. MOTHER'S MAIDEN NAME: Theresa O'Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-01-3574
17. INFORMANT: Theresa Wagner — ADDRESS: 500½ E. 42nd St.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 24 mos.
DUE TO
(B) None
DUE TO
(C) None

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
None

19A. DATE OF OPERATION: July 29, 47
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (Month, Day, Year) (Hour): None
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from April 17, 1949, to April 18, 1949, that I last saw the deceased alive on April 18, 1949, and that death occurred at 2:25 P. m. from the causes and on the date stated above.

23A. SIGNATURE OF M. D.: J. Carl Myers
23B. ADDRESS: 533 E. Cold Spring Lane 18
23C. DATE SIGNED: April 18, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-21-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: John G. Moran — ADDRESS: 3000 E. Balt St

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736628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G736628
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK JOHN KREPP

2. DATE OF DEATH: 4/18/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5648 ABNER Ave.

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)
A. STATE — B. COUNTY: MARYLAND
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 77-38
D. STREET ADDRESS (If rural, give location): 5648 Abner ave. Zone 12

c. Length of stay in Baltimore: about 2 months (Yrs. / Mos. / Days)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 21-1886
9. AGE (In years last birthday): 62 — If Under 1 Year: Months 11, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Western MD R.R.
10B. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph R. Krepp
14. MOTHER'S MAIDEN NAME: Elizabeth Bohli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT — ADDRESS: Mrs. Catherine Krepp

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	3 hrs
DUE TO (B)	Hypertension-arteriosclerotic Cardio vascular disease	11½ years
DUE TO (C)		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Dermarol Therapy Controlled	5 weeks

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12:45 PM Apr 18, 1949 to 11:30 AM Apr 18, 1949, that I last saw the deceased alive on April 18, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Frederick J. Vallmer M. D.
23B. ADDRESS: 6100 York Road Balto 12
23C. DATE SIGNED: April 18 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-21-49
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John H. Moran
ADDRESS: 3000 E. Balt. St.

VS 150

927

73629 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

154 G73629 Registered No.

1. NAME OF DECEASED (Type or Print): James Thomas Blackiston JR.

2. DATE OF DEATH: 4-17-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 725 GORSUCH AVE.

C. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 725 GORSUCH AVE 9 05

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Jan 26, 1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days: 2 24
If Under 24 Hours: Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching
10B. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Thomas Blackiston
14. MOTHER'S MAIDEN NAME: FLORENCE A. KEYSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): Yes — World War — (Navy)
16. SOCIAL SECURITY NO:
17. INFORMANT: MRS J.T. BLACKISTON ADDRESS: 725 GORSUCH AVE

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Carcinoma liver, metastatic from carcinoma pitum
INTERVAL BETWEEN ONSET AND DEATH: 7 mos

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: Oct. 16, 1948
19B. MAJOR FINDINGS OF OPERATION: Carcinoma pitum, Metastasis to liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to April 15, 1949 that I last saw the deceased alive on April 15, 1949, and that death occurred at 10:08 m., from the causes and on the date stated above.

23A. SIGNATURE: Meredene Edward Day M.D.
23B. ADDRESS: 4-E-33rd St - 18
23C. DATE SIGNED: April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-17-49
24C. NAME OF CEMETERY OR CREMATORY: BRUID RIDGE
24D. LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Thurlington Williams M.D.
25 FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK RD.

VS 150

46D

G73650

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

353 Registered No. G73650

1. NAME OF DECEASED (Type or Print) ARCHIE BOONE

2. DATE OF DEATH April 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2622 Flora Street 1-3-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored			19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Edwards
14. MOTHER'S MAIDEN NAME Viola Boone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Viola Boone ADDRESS 510 McMechen St

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Epilepsy
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Gillian McClafferty M D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED April 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/22/49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State) West Port. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 20 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral Homes Inc. 917. N. Mount St.

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G73651

G73651

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0

Registered No.

1. NAME OF DECEASED (Type or Print): MRS. ELLA B. BYERS

2. DATE OF DEATH: 4/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BON SECOURS HOSP. ST. MARYS

c. Length of stay in Baltimore - LIFE - Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 643 S. Pulaski ST. 20 02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 4/16/1886
9. AGE (In years last birthday): 63 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Smith
14. MOTHER'S MAIDEN NAME: Hannah Schoenfelder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. LOUIS FLAIG ADDRESS: 641 S. Pulaski ST.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Portal Cirrhosis	?
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Esophageal Varicies (Hematemesis)	15 Days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Hypertensive arteriosclerotic C-V. Disease	?

19A. DATE OF OPERATION: 4/14/49
19B. MAJOR FINDINGS OF OPERATION: Portal Cirrhosis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3 *, 19*49*, to* 4/18 *, 19*49*, that I last saw the deceased alive on* 4/17 *, 19*49*, and that death occurred at* 12:05 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: William J. Wanger M.D.
23B. ADDRESS: BON SECOURS HOSP.
23C. DATE SIGNED: 4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/21/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. J. McGuckin Son & Sullivan Bros.
ADDRESS:

VS 150

124 B

73632

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73[illegible]

1. NAME OF DECEASED (Type or Print): Francis P. Newman

2. DATE OF DEATH: 4-19-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. 2 Mos. 9 Days 20

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1120 W. Fayette

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/24/1908
9. AGE (In years last birthday): 40
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight dispatcher
10B. KIND OF BUSINESS OR INDUSTRY: Rail Road Co
11. BIRTHPLACE (State or foreign country): N. J.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Newman
14. MOTHER'S MAIDEN NAME: Mary Quinn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unk
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 155-01-2428
17. INFORMANT: Mrs. Louise Newman
ADDRESS: 1120 W. Fayette

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive C.V.D
DUE TO
(C)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Left complete inguinal hernia

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1949 *to* 4-19-, 1949 *that I last saw the deceased alive on* 4-19-, 1949 *and that death occurred at* 2 2 m., *from the causes and on the date stated above.*

23A. SIGNATURE: John Hays Conner M.D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Atlantic City Cem.
24D. LOCATION (City, town, or county) (State): Atlantic City N. J.

DATE RECEIVED BY LOCAL REGISTRAR: 4-20-49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: E. W. Lamoreau
ADDRESS: 1003 W. Baltimore St.

VS 150

937

73633 GN 125883

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E-900.0 G73633

Registered No.

1. NAME OF DECEASED (Type or Print): Jeanette Carter

2. DATE OF DEATH: April 19- 1949

3. PLACE OF DEATH:
A. Baltimore City, Marylan
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave,
c. Length of stay in Baltimore - Yrs. ? Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 193 S. St. Paul St / 526 S. Chapel Gate Lane 2 29

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ? Abt ? 87 ?
9. AGE (In years last birthday): 78 ? | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ? Balto
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ? Boyer
14. MOTHER'S MAIDEN NAME: ? Elvina S. Twilley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (No, no or unknown)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records B lto. City Hospitals ADDRESS: 4940 Eastern Ave.

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arterio sclerotic cardio vascular disease Fracture neck of right femur

INTERVAL BETWEEN ONSET AND DEATH: 1 wk. / 3mos.

CERTIFICATION APPROVED BY
for Chas. C. Davis Per
Earl L. Koons M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1931 St. Paul St. 12/4
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 7 1949 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped and fell down stairs, inside

22. *I hereby certify that I attended the deceased from* 1- 7- 1949 *to* 4- 19- 1949, *that I last saw the deceased alive on* 4- 19- 1949, *and that death occurred at* 3.25 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. H. Clogher M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

VS 150

To Be Approved by Chief Medical Examiner

186a

G73634

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73634

1. NAME OF DECEASED (Type or Print)	SALVATORE ROTUNDO
2. DATE OF DEATH	Apr. 18, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1625 E. Lombard St.
C. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1625 East Lombard St.
5. SEX	Male
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Divorced
8. DATE OF BIRTH	May 17, 1872
9. AGE (In years last birthday)	76
If Under 1 Year: Months / Days	
If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Laborer
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Italy
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	John Rotundo
14. MOTHER'S MAIDEN NAME	Mary (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	No
(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	
17. INFORMANT	Mary Schueler
ADDRESS	902 E. 30th St

CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Hypertensive Cardio-vascular disease	6 mo.
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)		
	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. , 1948, *to* Apr. 18 , 1949 *that I last saw the deceased alive on* 4/18 , 1949 *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	Paul A. Ries M. D.	23B ADDRESS: 24 E Belvedere; 23C DATE SIGNED: 4/19/49
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	
24B. DATE	4/21/49	
24C NAME OF CEMETERY OR CREMATORY	Holy Redeemer	
24D LOCATION (City, town, or county) (State)	Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	APR 20 1949	
REGISTRAR'S SIGNATURE	Huntington Williams, M.D.	
25. FUNERAL DIRECTOR / ADDRESS	William Cook, Inc., 1217 St. Paul St.	

VS-150

93D

G736635
M M. 127935

CERTIFICATE CORRECTED 8-26-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G736635
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Polevich or Joseph Polovich

2. DATE OF DEATH 4-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore 13 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 114 Albamarle ST. 3 0 2

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 16, 1888
9. AGE (In years last birthday. If under 1 year Months; Days; If under 24 hours Hours; Min.) 61 or Jan 16, 1888 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Polevich
14. MOTHER'S MAIDEN NAME Marie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS B.C.H. REcords, 4940 Eastern ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Meningioma	Weeks
DUE TO	(24 Hrs, Post-OP)	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-15-49
19B. MAJOR FINDINGS OF OPERATION Rt. Parietal Occipitotal Meningioma
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 31, 1949, *to* April 18, 1949, *that I last saw the deceased alive on* April 18, 1949 *and that death occurred at* 9.10 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE R. S. Cozen M. D.
23B. ADDRESS 4940 EASTERN AVE.
23C. DATE SIGNED April 18, 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/20/49
24C. NAME OF CEMETERY OR CREMATORY St. Peters
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY REGISTRAR APR 20 1949
REGISTRAR'S SIGNATURE Turlington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Wm Cook inc. 121 St. Paul st

VS 150

56D

G736536

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G736536

1. NAME OF DECEASED (Type or Print): FRANK WOLF

2. DATE OF DEATH: 4/18/49 7:40 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 W. Lanvale St
JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 303 W. Lanvale St. 11-54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/4/1884
9. AGE (In years last birthday): 64
If Under 1 Year: Months 7 Days 14
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Welder
10B. KIND OF BUSINESS OR INDUSTRY: Md. Drydock
11. BIRTHPLACE (State or foreign country): Cumberland Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Wolf
14. MOTHER'S MAIDEN NAME: Mary Oliver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 307-07-5525
17. INFORMANT: Anna Mary [illegible] ADDRESS: 303 W. Lanvale St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchiectasis, Pulmonary emphysema
DUE TO
(B) Sepsis, Pulmonary tuberculosis
DUE TO
(C) Right-sided heart failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: } years. 1 year.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948 *to* 18 Apr., 1949 *that I last saw the deceased alive on* 18 Apr., 1949, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm P. Hamburger Jr., M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL 1207 Eutaw Pl.
23C. DATE SIGNED: 19 Apr. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge
24D. LOCATION (City, town, or county) (State): Jessup Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Acting for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Goh Inc. ADDRESS: 127 St. Paul St.

VS 150

13C

73637

BIRTH NO. B.C. 49 06079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 924.0 G73637 Registered No.

1. NAME OF DECEASED (Type or Print): ARNOLD S. AUSTIN N-991

2. DATE OF DEATH: April 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3421 6th Street, Brooklyn, Md.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brooklyn
D. STREET ADDRESS (If rural, give location): 3421 6th Street 25-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Single	March 17, 1949		1			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Baltimore, Maryland	USA

13. FATHER'S NAME: Edmund D. Austin

14. MOTHER'S MAIDEN NAME: Betty Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		—	Edmund D. Austin	3421 6th St., Brook-

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3421 6th St. 25/4

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 19, 1949 ? m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Mechanical Suffocation -- bedclothes

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* ~~natural causes~~ [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William J. McClafferty M.D.
23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/21/49	Glen Haven	U. S. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams, M.D.	Wm. C. L. Inc.	127 St.

151

182a

73638

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 434.3

Registered No. G73638

1. NAME OF DECEASED (Type or Print): JOHN WESLEY JONES

2. DATE OF DEATH: Apr. 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in a hospital or institution, give street address or location): 48 Albemarle St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 48 Albemarle St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21, 1882
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indianapolis, Ind
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Jones
14. MOTHER'S MAIDEN NAME: Charlotte (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-18-4857
17. INFORMANT: Dora Jones
ADDRESS: 48 Albemarle St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) acute Cardiac dilation
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) chronic Myocarditis failure
DUE TO
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10, 1949, *to* 4/18, 1949, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: S. C. Feldman, M. D.
23B. ADDRESS: 1441 E Balt
23C. DATE SIGNED: 4/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/20/49
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's
24D LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

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273639

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ X 1 yr. 1

Registered No. 273639

1. NAME OF DECEASED (Type or Print): Arthur L. Mullaly

2. DATE OF DEATH: 19 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTO. CITY HOSP
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital (DOA)
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: N.J.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DEAL
D STREET ADDRESS (If rural, give location): 103 JEROME AVE

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 12 1888
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXECUTIVE
10B. KIND OF BUSINESS OR INDUSTRY: CHENICAL
11. BIRTHPLACE (State or foreign country): FALL RIVER MASS.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MICHAEL MULLALY
14. MOTHER'S MAIDEN NAME: ELLEN LAWRENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ARTHUR R MULLALY — ADDRESS: 119 GARFIELD AVE ASBURY PARK N.J.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, D. M.D.
23B CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 19 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): SHIPPING
24B. DATE: APRIL 20-1949
24C. NAME OF CEMETERY OR CREMATORY: ASBURY PARK
24D. LOCATION (City, town, or county) (State): ASBURY PARK N.J.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: DIPPEL BROS
ADDRESS: 1800 E. 10th and D St.

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G736-0

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G736-0

1. NAME OF DECEASED (Type or Print): Hildred V. Lanehardt

2. DATE OF DEATH: 18 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2434 Foster Ave 403

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/23/1901
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Berle
14. MOTHER'S MAIDEN NAME: Katie Hartlove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Elmer Lanehardt - ADDRESS: Same

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE (WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 19 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Feilsohne
ADDRESS: 403 S. Wolfe

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94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 924.0

Registered No. 3641

BIRTH NO. BC 49-04768

1. NAME OF DECEASED (Type or Print): Patricia Lynn Stahl — N-991

2. DATE OF DEATH: April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 423 Tuxedo St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
F	W	Single	March 2, 1949	1 mo	18	days		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James V. Stahl
14. MOTHER'S MAIDEN NAME: Jean S. Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: James V. Stahl, ADDRESS: 423 Tuxedo St.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)

(A) Mechanical Suffocation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary edema — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 423 Tuxedo St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 20, 1949 1:30 P.M.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? overlay by mother

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained at said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Paul E. Cheowith, Jr., ADDRESS: 3015-17 Chestnut Ave.

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182a

73642

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. 73642

1. NAME OF DECEASED (Type or Print): Edward Boyd

2. DATE OF DEATH: April 17 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 710 Mosher st.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 710 Mosher st. 14

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: April 9, 1865
9. AGE (In years last birthday): 84 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hampton, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Boyd
14. MOTHER'S MAIDEN NAME: Molly Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No, no or unknown)
16. SOCIAL SECURITY NO.
17. INFORMANT: Estella V. Williams — ADDRESS: 841 N. Fyette st.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo's
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertrophy of Prostate — 2 mo's

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 19[illegible], *to* Apr 17, 19[illegible], *that I last saw the deceased alive on* Apr 17, 19[illegible], *and that death occurred at* 11:20 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: William Frey M. D.
23B. ADDRESS: 738 Penna Ave
23C. DATE SIGNED: 4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 20, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Westport, Md.

DATE RECEIVED BY REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Joseph L. Russ, 1200 McCulloh st.

VS 150

937

G73643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73643

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Viola Isabelle

2. DATE OF DEATH: April 18/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 804 Cedarcroft

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 804 Cedarcroft
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 27-48
D. STREET ADDRESS (If rural, give location) —

e. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 23 1873
9. AGE (In years last birthday): 75 — If Under 1 Year: Months 9, Days 25 — If Under 24 Hours: Hours 4, Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Starr
14. MOTHER'S MAIDEN NAME: Philipina Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO —
17. INFORMANT: Albertha L. Thomas ADDRESS: 2402 E. Madison St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several years

DUE TO

(B) Mitral Stenosis — same

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26, 1949 *to* 4-18, 1949 *that I last saw the deceased alive on* 4-18 1949, *and that death occurred at* 4:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: W. C. Gale M. D.
23B. ADDRESS: 6014 York Road
23C. DATE SIGNED: 4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 21/49
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
24D. LOCATION (City, town, or county) (State): Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS: 2008 Orleans

VS 150

92B

G73644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73644

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Louise M Walhelm | 2. DATE OF DEATH: April 17/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 5500 Govane
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 5500 Govane Ave 7-18

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	widow	July 30 1870	78	9	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Hinkle
14. MOTHER'S MAIDEN NAME: Dont Know
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm C Walhelm ADDRESS: 5500 Govane Ave

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years.
DUE TO
(B) Arterio-Sclerosis generalized — years.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August, 19 47 *to* April 17, 19 49 *that I last saw the deceased alive on* April 16, 19 49, *and that death occurred at* 1:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry M. Hermann, M. D.	32 E. Preston Street	4/17/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 21/49	Woodlawn	Balto Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams, M.D.	Ulman Funeral Home	2008 Orleans

VS 150

93D

73645

BIRTH NO. 12.C.49-07742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 G73645 Registered No.

1. NAME OF DECEASED (Type or Print): Baby girl Moschler

2. DATE OF DEATH: 4/4/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp.

C. Length of stay in Baltimore: Yrs. — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE — B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1316 Linden Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	single	4/4	1 hrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Moschler	Katherine Soura

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Severe Anoxia of mother

DUE TO

(C)

ANTECEDENT CAUSES:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Solwolsky, M. D.	St. Agnes Hosp.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/19/49	Cathedral	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams, M.D.	M. Fahey & Sons	1827 W. North Ave

VS 150

159

73646

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4500 G73646

Registered No.

1. NAME OF DECEASED (Type or Print): Joseph Rosenberger

2. DATE OF DEATH: 4/19/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dre. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 32 Fountain St 2302

Length of stay in Baltimore: LIFE TIME (Yrs. / Mos. / Days)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB-15-1885

9. AGE (In years last birthday): 64 — If under 1 year: Months 2 Days 4 — If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker

10B. KIND OF BUSINESS OR INDUSTRY: AMERICAN BREWERY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES ROSENBERGER

14. MOTHER'S MAIDEN NAME: JOSEPHINE KROCKENBERGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (yes, no or unknown)

16. SOCIAL SECURITY NO.: 216-09-7423

17. INFORMANT: MAX ROSENBERGER ADDRESS: 2630 E OLIVER ST

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Ventricular Fibrillation — 2 days

DUE TO

(C) osteomyelitis of pelvis Fistulas in ano Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1949 *to* 4/19, 1949 *that I last saw the deceased alive on* 4/19 1949 *and that death occurred at* 1030 AM *m, from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 2730 N Charles St

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: APR 21-49

24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM

24D. LOCATION (City, town, or county) (State): A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949

REGISTRAR'S SIGNATURE: [signature] for Wilmer Williams, M.D.

25. FUNERAL DIRECTOR: Bernard C Hanke ADDRESS: 121 E West St

VS 150

1540

73647 CERTIFICATE CORRECTED 5-13-49 ✓ ✗ G73647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): STALEY, Elmer Butler

2. DATE OF DEATH: April 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland University Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): A. STATE Md B. COUNTY Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frederick D. STREET ADDRESS (If rural, give location): Rt #3

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-26-1880

9. AGE (In years last birthday): 69 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Staley

14. MOTHER'S MAIDEN NAME: Cordelia Feaga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Chronic nephritis - pyelonephritis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: hypertensive CV Disease

INTERVAL BETWEEN ONSET AND DEATH: admitted to hospital 3/31/49 in uremia

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1949 *to* 4/19, 1949 *that I last saw the deceased alive on* 4/19, 1949 *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE James M. Bisanar M. D.

23B. ADDRESS University Hospital

23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE 4-22-1949

24C. NAME OF CEMETERY OR CREMATORY Mt Olivet

24D. LOCATION (City, town, or county) Frederick (State) Md

DATE RECEIVED BY LOCAL REGISTRAR APR 20 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Md.

VS 150

1316

73648 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0 G73648 Registered No.

1. NAME OF DECEASED (Type or Print): Mary P. Asimakes

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore City Inf

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 851 No. Gay Street 10 07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 67
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Stavropoulos
14. MOTHER'S MAIDEN NAME: Georgia Antoinacos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
DUE TO
(B) Chronic lobular cirrhosis — months
DUE TO
(C) Chronic glomerular Nephritis — 8 yrs
2 Diabetes Mellitus — 6 yrs.
2. Adeno carcinoma of ascending colon — mos

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2-21-49
19B. MAJOR FINDINGS OF OPERATION: Adeno-carcinoma of ascending colon
20. AUTOPSY: YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 - 2 1949, to 4 - 17 - 1949, that I last saw the deceased alive on 4 - 17, 1949, and that death occurred at 6:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Asbury Johnson Trusler M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 4/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-21-49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Landers Inc
ADDRESS: 440 E North Ave

VS 150

46E

73649

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20 D G73649 Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Walter Jackson Coakley

2. DATE OF DEATH April 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore 30yr. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-07
D. STREET ADDRESS (If rural, give location) 306 E. Lorraine Ave., Balto.-18 Md.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	4/20/72	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Motorman - Pensioned	Balto. Transit Co.	Virginia	

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		213-10-0319	Eugenia Coakley	306 E. Lorraine Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary occlusion
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arterio-sclerotic Heart Disease
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1949 *to* April 18, 1949 *that I last saw the deceased alive on* April 18, 1949, *and that death occurred at* 12:15 PM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. E. Krauss Jr. M. D.	1400 N. Caroline St.	4/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 20/49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Carrington Williams, M.D.	Krauss Funeral Home	1216 S. Charles St.

VS 150

937

G73650

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 760

G73650
Registered No.

1. NAME OF DECEASED (Type or Print) Magdalena Wachowiak

2. DATE OF DEATH April 11 16 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 2535 Eastern Ave.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 64 Years (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2535 Eastern Ave. 1-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	July 22 1869	79	8	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Bartkowiak

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: ---

17. INFORMANT: Mrs Frances Helbig ADDRESS: 2535 Eastern ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Sinistes Mellitus DUE TO

ANTECEDENT CAUSE
(B) Arterio-Sclerosis DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Gangrene Left Foot

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1 1949 *to* April 16, 1949, *that I last saw the deceased alive on* April 15 1949, *and that death occurred at* 11.25 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.

23B. ADDRESS 2879 Eastern Ave.

23C. DATE SIGNED 4/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE 4/21/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem

24D. LOCATION (City, town, or county) (State): Balto County

DATE RECEIVED BY LOCAL REGISTRAR 4-20 1949

REGISTRAR [illegible]

25. FUNERAL DIRECTOR: John M. Welby ADDRESS: 401 S. Chester Street

VS 150

61

B-128302

G73651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5 81.0

G73651 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Davis

2. DATE OF DEATH 4-19-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals
4940 Eastern Ave.

C. Length of stay in Baltimore 18yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 914 E. Pratt St.

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH June 26-1909

9. AGE (In years last birthday) 39 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Davis

14. MOTHER'S MAIDEN NAME Cora Fellows

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Records ADDRESS Baltimore City Hospitals 4940 Eastern Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

DUE TO

(B) Fatty Degeneration of Liver — 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16- , 1949, *to* 4-19- , 1949, *that I last saw the deceased alive on* 4-19- 1949, *and that death occurred at* 7.30AM, *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS Baltimore City Hospitals

23C. DATE SIGNED 4-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify) April 21, 1949 Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY St. John's

24D. LOCATION (City, town, or county) (State) Ellicott City, Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 20 1949

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road

VS 150

1242

G736[illegible]52 BALTIMORE CITY HEALTH DEPARTMENT G736[illegible]52
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print)	JOSEPH SADOWSKI	2 DATE OF DEATH	April 19, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland; B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, or institution, give street address or location)	Johns Hopkins Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
c. Length of stay in Baltimore: Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	111 S. Spring Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Married	Unknown	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper	B&O RR	Russia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sadowski	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	705-10-	Mrs. Mattie Sadowski	111 S. Spring

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
George L. Merrill M.D.		April 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 21-49	St. Andrews Russian	Gilman Hill Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams M.D.	John A Yurkiewicz Jr	937 4235 Pleasant St

151

ES-53613 G736653

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G736653

1. NAME OF DECEASED (Type or Print): Marie Myers

2. DATE OF DEATH: 4-16-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
c. Length of stay in Baltimore: 56 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
d. STREET ADDRESS (If rural, give location): No Home 26-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
FEMALE	NEGRO	SEP.	Aug. 25, 1876	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Carmella Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 eastern ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CVA, Left with Rt. Hemiparesis — INTERVAL BETWEEN ONSET AND DEATH: 46 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Mod. Essential Hypertensive.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: HASCVD'

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-9, 19 40, *to* 4-16, 19 49, *that I last saw the deceased alive on* 4-16, 19 49, *and that death occurred at* 1:15 A., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 EASTERN AVENUE	4-19-49

A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	4-21-49	MT. AUBURN	BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 20 1949	Huntington Williams, M.D.	W. A. JACKSON	916 PENNA. AVE.

VS 150

93D

G736654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G736654

BIRTH NO. B.C. 49-08059

1. NAME OF DECEASED (Type or Print): Frank Joseph Wintal

2. DATE OF DEATH: April 20, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-20
D. STREET ADDRESS (If rural, give location): 3814 Glenmyle Ave. #15

5. SEX: M.

6. COLOR OR RACE: Wht.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4/19/49

9. AGE (In years last birthday) | If under 1 year: Months, Days: 1 | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond John Wintal

14. MOTHER'S MAIDEN NAME: Nellie Marcella Ramage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service): NO

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS: Mother - 3814 Glenmyle Ave - Balto.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis, severe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Second of twins

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4/19/49, 19—, *to* 4/20, 1949, *that I last saw the deceased alive on* 4/20, 1949 *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W C Friday, M.D.

23B. ADDRESS: Marshall Neil Hosp

23C. DATE SIGNED: 4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/21/49

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

24D. LOCATION (City, Town, or County) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

VS 150

161a

BC.49-07343
G73655
JL - 128148
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

760.5 G736.5
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Lipscombe
2. DATE OF DEATH 4-10-49
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimor City Hospital 4940 Eastern Ave.
C. Length of stay in Baltimore: Yrs. 1 day Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 440 Conway St.
5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 9, 1949
9. AGE (In years last birthday) If Under 1 Year: Months 1 Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Eloise Lipscombe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS Baltimore City Hospital, 4940 Eastern Ave.

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Intra - Cranial Hemorrhage	Life
	DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)		
	DUE TO		
	(C)	Prematurity	Life
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		Fetal Atelectasis	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [Yes] [No]
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9- *, 1949, to* 4-10- *, 1949, that I last saw the deceased alive on* April 10, 1949 *, and that death occurred at* 6.20A *m., from the causes and on the date stated above.*

23A. SIGNATURE R. L. Rogers M.D.
23B. ADDRESS 4940 Eastern Ave.
23C. DATE SIGNED 4-12-49
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24B. DATE 4-12-49
24C. NAME OF CEMETERY OR CREMATORY B.C.H.
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1949
REGISTRAR'S SIGNATURE Huntington for Nathanson, MD
25. FUNERAL DIRECTOR ADDRESS

VS 150

160a

G73656

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73656

1. NAME OF DECEASED (Type or Print): Charles Louis Wheat

2. DATE OF DEATH: 4/19/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3207 Clarence Ave

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bully
D. STREET ADDRESS (If rural, give location): 3207 Clarence Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/12/1867
9. AGE (In years last birthday): 82 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.: 3 7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder
10B. KIND OF BUSINESS OR INDUSTRY: U.S.P.O.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hall Wheat
14. MOTHER'S MAIDEN NAME: Margaret Noel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-05-6592
17. INFORMANT: Mrs. N. Wheat — ADDRESS: 3207 Clarence Ave

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident — Interval between onset and death: 2 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease — Interval between onset and death: 6 years.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1949 *to* 4/19, 1949, *that I last saw the deceased alive on* 4/18, 1949, *and that death occurred at* 2:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Ellsworth Cook M.D.
23B. ADDRESS: 2431 Maryland Ave
23C. DATE SIGNED: 4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Mount Lebanon
24D. LOCATION (City, town, or county) (State): Catonsville Md.

25. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc. 217 St. Paul St.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

VS 150

931

G73657

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49° Registered No. G73657

1. NAME OF DECEASED (Type or Print): Alice Arold Craig

2. DATE OF DEATH: 4/18/49 12 NOON

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1051 Roland Heights Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 2-1-14
D STREET ADDRESS (If rural, give location): 1051 Roland Heights Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 22nd 1883
9. AGE (In years last birthday): 66 | If under 1 year: Months 9 Days 26 | If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Arold
14. MOTHER'S MAIDEN NAME: Margaret Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Agnes M. Merrick ADDRESS: 1051 Roland Heights Ave

CAUSE OF DEATH

18

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1949, to 4/18, 1949, that I last saw the deceased alive on 4/18, 1949, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1123 St Paul St
23C. DATE SIGNED: 4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/21/49
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Turlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

108

G73658

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73658

1. NAME OF DECEASED (Type or Print): Kempson McComas Pyle

2. DATE OF DEATH: April 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1417 Darley Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1417 Darley Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 19, 1871
9. AGE (In years last birthday): 77 — If Under 1 Year: Months 6, Days 0 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maintainance man
10B. KIND OF BUSINESS OR INDUSTRY: National Distillery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles W. Pyle
14. MOTHER'S MAIDEN NAME: A. Amanda McComas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-3257
17. INFORMANT: Mrs. Bertie B. Pyle — ADDRESS: 1417 Darley Avenue

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocarditis & myocardial degeneration
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: March 28, 1947 to April 19, 1949

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1947, *to* April 19, 1949, *that I last saw the deceased alive on* April 19, 1949, *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Kol Isaac Kerr M. D.
23B ADDRESS: 1250 E. Northern
23C. DATE SIGNED: April 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: April 22, 1949
24C NAME OF CEMETERY OR CREMATORY: Moreland Park
24D LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Twitmyer Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

937

G73659

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 43

G73659

Registered No.

1. NAME OF DECEASED (Type or Print): Annie Schlecter

2. DATE OF DEATH: April 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3624 Cottage Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3624 Cottage Ave 15-12

c. Length of stay in Baltimore: 58 yrs (Yrs. Mos. Days)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Morris Vrubble
14. MOTHER'S MAIDEN NAME: Ella Vrubble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert Schlecter ADDRESS: 3813 Cold Spring Lane

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hyp. pertussis Cardio-Vascular Renal DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 7

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] — , 19[illegible], to April 19, 19[illegible], *that I last saw the deceased alive on* April 19, 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED: April 20 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): urial
24B. DATE: April 22, 1949
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Washington Rd
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

937

Disposal

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 4 Registered No. G73660

1. NAME OF DECEASED (Type or Print) Nancy J. Kotzen

2. DATE OF DEATH APR 1 1 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
D. STREET ADDRESS (If rural, give location) Rd #2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		4-4-49			9 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Stanford Kotzen
14. MOTHER'S MAIDEN NAME Therese Myers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

16. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) [illegible] DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1949 *to* 4-13, 1949, *that I last saw the deceased alive on* 4-13, 1949, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Evelyn Goldstein M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 4 15 49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY Hook Defense
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR ADDRESS

VS 150

157E

G73661

BIRTH NO. B.C. 49-960 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

605 G73661

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Johnson

2. DATE OF DEATH: March 20 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-1
D. STREET ADDRESS (If rural, give location): 1404 McElderry St

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3/20/49
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.
(B) Prematurity
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20 *19*49 *to* 3/20 *, 19*49*, that I last saw the deceased alive on* 3/20 *, 19*49*, and that death occurred at* 10 20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Crue M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Pt Deposit
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

160a

B.C.49.07451

G73662

BIRTH NO. JL- 128129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

760.5 G73662 Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Brewer

2. DATE OF DEATH 4-9-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore Yrs. Mos. Days 1 day

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-1
D. STREET ADDRESS (If rural, give location) 1412 E. Biddle St.

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH April 8, 1949

9. AGE (In years last birthday) If Under 1 Year: Months / Days 1 — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rufus Brewer

14. MOTHER'S MAIDEN NAME Joan Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT B. C. H. Records, 4940 Eastern Ave. ADDRESS

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intra- Cranial Hemorrhage — Interval between onset and death: Life

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Prematurity — Life

Fetal Atelectasis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [Yes] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8-49, 19 , *to* 4-9, 19 49 *that I last saw the deceased alive on* April 9, 19 49 *and that death occurred at* 7.50A *m., from the causes and on the date stated above.*

23A. SIGNATURE O. K. Rogers M. D.

23B. ADDRESS 4940 Eastern Ave.

23C. DATE SIGNED 4-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24B. DATE 4-12-1949

24C. NAME OF CEMETERY OR CREMATORY B.C.H. 4940 Eastern Ave.

24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR ADDRESS

VS 150*

160a

G736 Disposal B.C.49-07793

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776 G73663
Registered No.

1. NAME OF DECEASED (Type or Print): Baby "Joyce" White

2. DATE OF DEATH: APR 15 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. — Mos. — Days 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-7
D. STREET ADDRESS (If rural, give location): 1610 E. Hoffman St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4-12-49
9. AGE (In years last birthday) — If Under 1 Year: Months — Days 3 — If Under 24 Hours: Hours — Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Joyce Mae White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) prematurity.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED — WHILE AT WORK ☐ — NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1949 *to* 4-15, 1949, *that I last saw the deceased alive on* 4-15, 1949, *and that death occurred at* 2 00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hosp Disposal
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: [signature], M.D.
25. FUNERAL DIRECTOR — ADDRESS

VS 150

159

G73 Original B.C. 49. 07474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 770.5 Registered No. G73664

1. NAME OF DECEASED (Type or Print) Baby Girl Marshall

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore — Yrs. Mos. Days: 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B COUNTY Prince Georges
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Muirkirk
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	Colored	Child	4-11-49			2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: William Marshall

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity, anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-11, 1949 *to* 4-13, 1949, *that I last saw the deceased alive on* 4-13, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	JOHNS HOPKINS HOSPITAL	

A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hon. Dufour	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21 1949	Huntington Williams, M.D.		

VS 150

159

G73665

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73665

Registered No.

1. NAME OF DECEASED (Type or Print)	ANNIE E. GRAHAM
2. DATE OF DEATH	April 21, 1949
3. PLACE OF DEATH: a. Baltimore City, Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1301 Park Ave.
c. Length of stay in Baltimore (Yrs. Mos. Days)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE / b. COUNTY	District of Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Washington
d. STREET ADDRESS (If rural, give location)	Ontario Rd.
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	single
8. DATE OF BIRTH	July 26, 1873
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.	75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Robert H. Graham
14. MOTHER'S MAIDEN NAME	Ann S. Hiller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	
17. INFORMANT / ADDRESS	Mr. C. Graham Goodell-3709 Barrington Rd.

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - liquid

DUE TO metastasis to liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4-6 mos

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Feb 9, 1949, *to* April 21, 1949, *that I last saw the deceased alive on* April 20, 1949, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS 1163 Park Ave.	23C. DATE SIGNED 4/21/49
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 4/21/49	24C. NAME OF CEMETERY OR CREMATORY
		24D. LOCATION (City, town, or county) (State) Washington, D. C.
TE RECEIVED BY CAL REGISTRAR APR 21 1949 VS 150	REGISTRAR'S SIGNATURE Timothy Williams, M.D.	25. FUNERAL DIRECTOR / ADDRESS WM. J. TICKNER & SONS Balto., Md.

46E

G73666

BIRTH NO. B.C. 49-05587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1544 G73666

Registered No.

1. NAME OF DECEASED (Type or Print): Donald Moore Miller

2. DATE OF DEATH: APR 20 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 7-9
D. STREET ADDRESS (If rural, give location): 1511 Northwick Rd

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2-4-44
9. AGE (In years last birthday): If under 1 year: Months 2, Days 16; If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Md (Baltimore)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ralph Miller

14. MOTHER'S MAIDEN NAME: Margaret L. Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (no, no or unknown)

16. SOCIAL SECURITY NO:

17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure

DUE TO

(B) Congenital heart disease Tetralogy of Fallot, type undetermined

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19- 1949 *to* 4-20 , 19 49 *, that I last saw the deceased alive on* 4-20 , 1949 *, and that death occurred at* 5:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald Dyspnea M. D.
23B ADDRESS: JOHNS HOPKINS HOSPITAL
23C DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/21/49
24C NAME OF CEMETERY OR CREMATORY: Moreland Mem. Pk.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

157E

G73667

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93

Registered No. G73667

1. NAME OF DECEASED (Type or Print): Helen B. Hoback

2. DATE OF DEATH: 4-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-1
D. STREET ADDRESS (If rural, give location): 3622 Milford Avenue

5. SEX: female
6. COLOR or RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 24, 1916
9. AGE (In years last birthday): 32 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dramatist
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charleston, W. Va. West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd G. Hoback

14. MOTHER'S MAIDEN NAME: Neta F. Felty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 230-16-4745

17. INFORMANT: Mr. Floyd G. Hoback ADDRESS: 3622 Milford Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

DUE TO

(B) Cerebellar tumor — 4 mos +

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 4-14-49
19B. MAJOR FINDINGS OF OPERATION: Cerebellar Tumor
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12 , 1949, to 4-20 , 1949, *that I last saw the deceased alive on* 4-20 1949, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: William J. Gallaway M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/23/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

54a

G73668 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73668 Registered No.

1. NAME OF DECEASED (Type or Print) John Thomas PERINE

2. DATE OF DEATH April 19, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
d. STREET ADDRESS (If rural, give location) 1006 Whitmore Street 16-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	widowed	Mar. 22, 1877	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Coal Business	Baltimore, Md.	

13. FATHER'S NAME Wm. H. Perine

14. MOTHER'S MAIDEN NAME Christine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	216-01-0065	Mr. Joseph R. Beatty, 1243 Ten Oaks Rd. Baltimore

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTIVE ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a. m. p. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE [signature] M.D

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23c. DATE SIGNED April 20, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/22/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

151

94a

73669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73669

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN. Grimm. John J. Grimm

2. DATE OF DEATH April 20th 1949

3. PLACE OF DEATH A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) Balto (-2)
D. STREET ADDRESS (If rural, give location) 2114 Orleans St

3A. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samarita Hospital 27. N. Carey St. Baltimore. Md

3B. Length of stay in Baltimore Life Yrs. Mos. Days

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH July 17 1870

9. AGE (In years last birthday) 78 If under 1 Year: Months Days. If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO None

17. INFORMANT Kathleen Grimm ADDRESS 2114 Orleans St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

DUE TO

(B) Myocarditis — 2 mos

DUE TO

(C) Arthritis Deformans — 4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1949 *to* 4-19 1949, *that I last saw the deceased alive on* 4/19 1949, *and that death occurred at* 3a m. 4.20.49 *from the causes and on the date stated above.*

23A. SIGNATURE F. R. Thurston M. D

23B. ADDRESS 403 Medical Arts

23C. DATE SIGNED 4.20.49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 23-49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, Town or County) (State) Old Frederick Rd

DATE RECEIVED BY REGISTRAR APR 21 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Dippel Bro. ADDRESS 1800 E. Lombard St

VS 150

93c

G73670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

782.4 G73670

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): MICHAEL FOERTSCH

2. DATE OF DEATH: 4-19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3314 O'DONNELL ST.

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-11
D. STREET ADDRESS (If rural, give location): 3314 O'DONNELL ST.

5. SEX: MALE
6. COLOR or RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-8-1877
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE FOERTSCH

14. MOTHER'S MAIDEN NAME: KATHERINE NEWBAUER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: 215-05-4057

17. INFORMANT: THERESA FOERTSCH — ADDRESS: SAME

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Failure — Interval between onset and death: 18 hrs
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18/49 *to* 4/19/49, 19__, *that I last saw the deceased alive on* 4/19/49, 19__, *and that death occurred at* 12.45P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ethelred F. Lundmark M.D.

23B. ADDRESS: 1016 S. Ann Ave

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 4-23-1949

24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART

24D. LOCATION (City, town, or county) (State): BALTO. CO.

DATE RECEIVED BY REGISTRAR: APR 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc.

ADDRESS: 403 S. Wolfe

VS 150

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G73671 — BALTIMORE CITY HEALTH DEPARTMENT — G73671

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): JOHN R. TRIMMER — N-874.2
2. DATE OF DEATH: April 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. Gen. Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 112 McPhail Street — 20-4

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: June 1, 1929
9. AGE (In years last birthday): 19 mnt. — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: Merchant Seaman
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David W. Trimmer — AWOL
14. MOTHER'S MAIDEN NAME: Bertha B. Warfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bertha B. Trimmer — ADDRESS: 835 Hollins St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hemorrhage
DUE TO
(B) Laceration of Lung
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Public -- (Street)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Russell & Bayard Sts. 21/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-21-49 ? a. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Auto. into telegraph pole (deceased--~~passenger~~)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Earl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/23/49
24C. NAME OF CEMETERY OR CREMATORY: Oliver Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Hoff C & B M. Walters Funeral Dir

170c

G73672 G73672

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443 Registered No.

1. NAME OF DECEASED (Type or Print) CATHERINE SADAUSKAS

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
207 South Stricker Street

c. Length of stay in Baltimore 65 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 207 South Stricker Street 19-3

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12-6-1881
9. AGE (In years last birthday) 67
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Pete Litewin
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Vincent Sadauskas 207 South Stricker St

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertension C.V. Disease
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE, WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED April 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Apr 23rd 1949
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Joseph C. B. M. Walters ADDRESS 1900 Hanover St

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G73673

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

490

G73673
Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Olivert Hebron

2. DATE OF DEATH: April 20, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: 34 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Sparrows Point
D. STREET ADDRESS (If rural, give location): 716 Eye Street

5. SEX: Fe.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 22, 1915

9. AGE (In years last birthday): 34 yr.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Columbus, S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter C. Thompson

14. MOTHER'S MAIDEN NAME: Eugenia Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Walter Thompson

ADDRESS: 752 I St. Sparrows Pt.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Undiagnosed

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pneumonia - bilat. - lower lobe

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1, 1949 *to* April 20, 1949 *that I last saw the deceased alive on* April 20, 1949 *and that death occurred at* 4:20 AM. *from the causes and on the date stated above.*

23A. SIGNATURE: J. Joseph Krejci M. D.

23B. ADDRESS: 1400 N. Caroline Street

23C. DATE SIGNED: April 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. CO. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Samuel W. Sullivan, Jr.

ADDRESS: Balto. Md.

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73674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 177

Registered No. G73674

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John A. Zimmerman

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4212 Parkmont Ave

Length of stay in Baltimore Yrs. Lefe Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1233 Patapsco St 22-2

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct 26 1875

9. AGE (In years last birthday) 73 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shipping Clerk

10B. KIND OF BUSINESS OR INDUSTRY Milk Wholesale

11. BIRTHPLACE (State or foreign country) Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Zimmerman

14. MOTHER'S MAIDEN NAME Caroline Belz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 216-01-3070A

17. INFORMANT Gordon B Emmitz ADDRESS 6707 Gardenview Rd

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer - Carcinoma of the lungs — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B) metastases from Carcinoma of Prostate — ?

DUE TO

(C) also Metastases in left humerus — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2 *,* 1949 *, to* April 20 *,* 1949 *, that I last saw the deceased alive on* April 19 1949 *, and that death occurred at* 9:25 *A. m., from the causes and on the date stated above.*

23A. SIGNATURE James E. Peterman M. D.

23B. ADDRESS 1226 Hanover St

23C. DATE SIGNED April 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 23 1949

24C. NAME OF CEMETERY OR CREMATORY Western Cem

24D. LOCATION (City, town, or county) (State) Balto City Md

RECEIVED BY LOCAL REGISTRAR 4-21-1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR A. Howard Evans ADDRESS 1400 W Baltimore St

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G73675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 4r

Registered No. G73675

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rachel Gray Cox

2. DATE OF DEATH April 20 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 922 S Sharp St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 922 S Sharpe 22-1

e. Length of stay in Baltimore Life Yrs. Mos. Days

5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11-27-78
9. AGE (In years-last birthday) 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work, even during most of working life, even if retired) Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Wash Moore
14. MOTHER'S MAIDEN NAME Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO
17. INFORMANT Walter Spriggs ADDRESS 139 W Hamburg

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO
(B) Arteriosclerosis ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949 *to* April 20, 1949, *that I last saw the deceased alive on* April 20 1949 *and that death occurred at* 1154 A. *from the causes and on the date stated above.*

23A. SIGNATURE Charles T. Waddell M. D.
23B ADDRESS 8 E Lanvale St
23C DATE SIGNED 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/22/49
24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Walter B. Spriggs
ADDRESS 139 W. Hamburg St

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G736676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420 1

Registered No. G736676

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN H. GEISS (GEIS)

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty Park & Eastern Blvd.
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	12-4-1892	56	4	16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	Hendler Ice Cream	Baltimore, Md	

13. FATHER'S NAME: Henry Geis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	218-10-2767	Mrs. Anna Geis	Above

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary arteriosclerosis

DUE TO

(B) Myocardial infarction

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-21-49	Oak Lawn Cemetery	Eastern Ave., Ext.

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: Essex, Md.

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G73677

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73677

1. NAME OF DECEASED (Type or Print): JAMES Lawrence Minetree, Jr.

2. DATE OF DEATH: 4/20/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 33 Calvert
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore — 42 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 322 Woodlawn Rd. 27-14

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/13/1905
9. AGE (In years last birthday): 44
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Lawrence Minetree
14. MOTHER'S MAIDEN NAME: Louise Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-01-4065
17. INFORMANT: Rhoda B. Minetree-wife ADDRESS: 322 Woodlawn

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Perforated duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18-49 19__, *to* 4-20-49, 19__, *that I last saw the deceased alive on* 4-20-49 19__, *and that death occurred at* 6 45 *P.m., from the causes and on the date stated above.*

23A. SIGNATURE: John S. Owen, Jr. M.D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April
24C. NAME OF CEMETERY OR CREMATORY: Rock Creek
24D. LOCATION (City, town, or county) (State): Washington DC

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR SIGNATURE: for Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co. ADDRESS: 108 W. North Ave Baltimore 1, Md.

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G73678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

EF12.0

Registered No. G73678

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAUL JOSEPH HAJEWSKI — N-802-2

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
John Hopkins Hospital

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2226 Bank Street 1-05

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: September 24,1940
9. AGE (In years last birthday): 8 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Paul Hajewski
14. MOTHER'S MAIDEN NAME: Dorothy DeBald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS: Mr.Peter Hajewski, 2226 Bank Street

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Crushed Skull
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Eastern Ave. 90' west of Patterson Pk.Av
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 20 49 12.30 P
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Struck by truck 1/5

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 23,1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949
REGISTRAR'S SIGNATURE: [signature] Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: M.F.Sadowski & Sons, 1808 Eastern Avenue

170-

3679 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73679

1. NAME OF DECEASED (Type or Print): Joseph Dignan Sr.

2. DATE OF DEATH: 4-21-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital Caton + Wilkens

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE; B. COUNTY: Balto

101 Maiden Choice Lane - 28

C. CITY OR TOWN (If outside corporate limits, write RURAL and give district): Baltimore Md. Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: April 13, 1878

9. AGE (In years last birthday): 71

If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Trucking Business

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael J. Dignan

14. MOTHER'S MAIDEN NAME: — Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Joseph Dignan Jr. ADDRESS: 101 Maiden Choice

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)

(A) CONGESTIVE HEART FAILURE

DUE TO

(B) ARTERIOSCLEROTIC CARDIO

DUE TO

(C) VASCULAR RENAL DISEASE

ANTECEDENT CAUSES:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11/49, 19__ *to* 4/21/49, 19__ *that I last saw the deceased alive on* 4/21/49, 19__ *and that death occurred at* 4:25 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.

23B. ADDRESS: [illegible]

23C. DATE SIGNED: 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-25-49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 21 1949

REGISTRAR'S SIGNATURE: Turlington Williams, M.D.

25. FUNERAL DIRECTOR: George A. Farley ADDRESS: Fulton Ave + Fayette St

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G73660 ✓ G73660

JL- 118235

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Peter Donahue — 2. DATE OF DEATH 4-19-49

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 48 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1400 Rosedale

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Widowed	Dec. 5, 1875	73 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md. Franklin	

13. FATHER'S NAME: Patrick L. Donahue

14. MOTHER'S MAIDEN NAME: Mary Conlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
		B. C. H. Records. 4940 Eastern Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic heart disease	?
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Benign hypertrophy of prostate tissues? Clostridium welch-infection of subcutaneous	12 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 5, 1949	Suprapubic Prostatectomy	YES ☐ Yes ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-17-49, 19 , *to* April 19, 19 49, *that I last saw the deceased alive on* April 19, 19 49 *and that death occurred at* 7.25 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. L. Hodges M. D.	4940 Eastern Ave.	4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/23/49	Cathedral Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 21 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS Balto., Md.

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G73681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

Registered No. G73681

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maggie E. Eichelberger

2. DATE OF DEATH 4/19/49

3. PLACE OF DEATH
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alice M. Fetterhoff Nursing Home 502 Clifton Ave.

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 116 S. Stricker St. 19-3

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug. 12, 1868
9. AGE (In years last birthday) 80
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Thomas
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO none
17. INFORMANT Daughter ADDRESS Mrs. Rhea Miller, 116 S. Stricker ST

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying; e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: two weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 7, 1949, *to* April 18 1949, *that I last saw the deceased alive on* 4-18, 1949, *and that death occurred at* 8.30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Arthur J. Davis M. D.
23B. ADDRESS 8004 33rd St
23C. DATE SIGNED 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 22/49
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet, 2930 Frederick Rd. Balto. Md.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Harry H. Witzke
ADDRESS 4101 Edmondson Ave.

52B

3682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No. G73682

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Halsema

2. DATE OF DEATH: APR 21 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Fla.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacksonville
D. STREET ADDRESS (If rural, give location): 638 Beechwood Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-7-42
9. AGE (In years last birthday): 56 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lambert Halsema
14. MOTHER'S MAIDEN NAME: Agnes Beevil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage
DUE TO
(B) Arteriosclerosis and
DUE TO
(C) hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9- 1949 *to* 4-21 1949, *that I last saw the deceased alive on* 4-21 1949, *and that death occurred at* 12 15 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: William H. Wiebecke M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: April 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Jaacksonville Fla
24D. LOCATION (City, town, or County) (State): Jacksonville Fla.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: William J. Tickner & Sons North & Pa. Aves

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73683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 3

G73683 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARA GARB

2. DATE OF DEATH: 4-21-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-4
D. STREET ADDRESS (If rural, give location): 2920 Auchebtoroly Terrace

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home

Length of stay in Baltimore: 40 yrs (Yrs. Mon. Days)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wodow
8. DATE OF BIRTH: 1868
9. AGE (In years last birthday): 80 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Julia Garb ADDRESS: 2920 Auchentoroly Terrace

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bronchopneumonia	2 weeks
DUE TO (B)	Cerebral Thrombosis	6 weeks
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25 19 49 *to* 4-21 19 49 *that I last saw the deceased alive on* 4-21 19 49 *and that death occurred at* 9:20 *pm., from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 22, 1949
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

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CERTIFICATE CORRECTED 4-24-49

73684 G73684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH FRANKLIN HASSETT. 2. DATE OF DEATH 4-20-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctors. Hospital

c. Length of stay in Baltimore 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LANSDOWNE Md.
D. STREET ADDRESS (If rural, give location) 2713 HAMMONDS Ferry Rd.

5. SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH JUNE 10 1893 9. AGE (In years last birthday) 55 If under 1 year: Months Days If under 24 hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY PAINTS.

11. BIRTHPLACE (State or foreign country) CHICAGO. Ill. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Elizabeth Winkelman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes. WW I

16. SOCIAL SECURITY NO

17. INFORMANT Julia Hassett ADDRESS 2713 Hammonds Ferry

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(a) Infected Osteomyelitis of Extremities — INTERVAL BETWEEN ONSET AND DEATH 3 mos.
DUE TO
(b) Coronary Thrombosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 4-20-49 19b. MAJOR FINDINGS OF OPERATION Infected joints of Extremities 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1 1949, *to* 4-20 1949, *that I last saw the deceased alive on* 4-20 1949, *and that death occurred at* 10 5 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE Richard Brosfield M. D. 23b. ADDRESS 540 Belair Rd. 23c. DATE SIGNED 4-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/23/49 24c. NAME OF CEMETERY OR CREMATORY London Park 24d. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 22 1949 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 127 S. Paul St.

VS 150

94a

73685

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73685

Registered No.

1. NAME OF DECEASED (Type or Print) Robert Miller

2. DATE OF DEATH 4-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Parkville
D. STREET ADDRESS (If rural, give location) 8713 Baker Ave

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 6/29/80
9. AGE (In years last birthday) 68 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Miller
14. MOTHER'S MAIDEN NAME Helen Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-24-5435
17. INFORMANT Mrs. Anna Miller ADDRESS Same

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of lung ?
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 4-15-49
19B. MAJOR FINDINGS OF OPERATION Ca of Lung - left
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10 1949 *to* 4-21 1949, *that I last saw the deceased alive on* 4-21 1949, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Albert Powell, Jr. M. D.
23B. ADDRESS Mercy Hospital
23C. DATE SIGNED 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 4/24/49
24C. NAME OF CEMETERY OR CREMATORY Evergreen
24D. LOCATION (City, town, or county) Pittsford (State) Vt.

DATE RECEIVED BY LOCAL REGISTRAR APR 22 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 217 St. Paul St.

VS 150
ALBERT. POWELL JR

47D

G73686

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 Registered No. G73686

1. NAME OF DECEASED (Type or Print) William Schneider

2. DATE OF DEATH Apr. 20 1949

3. PLACE OF DEATH: Baltimore City, Maryland Brady 3

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1406 Darley Ave 8-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Male	white		7-25-86	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper-Cutter		Md	

13. FATHER'S NAME William Schneider

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of bladder with metastases
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) ? 3yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/27, 1949 *to* 4/20, 1949, *that I last saw the deceased alive on* 4/20, 1949, *and that death occurred at* 12:27 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	JOHNS HOPKINS HOSPITAL	4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr 23/49	Holy Redeemer	Belair Road

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 22 1949	Huntington Williams, M.D.	Geo. M. Smith & Son	5411 York Rd.

VS 150

52B

73687

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 D

G73687 Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Elizabeth Josephine Schellenberger

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs Hospital

c. Length of stay in Baltimore 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-1
D. STREET ADDRESS (If rural, give location) 3150 Radnewood Ave.

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/5/1890
9. AGE (In years last birthday) 58
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME James Lewis
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO —

17. INFORMANT Geo. Schellenberger ADDRESS 3150 Ravenwood

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia, left & lower lobe

DUE TO

(B)

DUE TO

(C) Cirrhosis of Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949 to April 20, 1949 that I last saw the deceased alive on April 20, 1949 and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE Roy E. Reasons Jr. M. D.
23B. ADDRESS 1001 N. Caroline St.
23C. DATE SIGNED April 20 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Apr 23-49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Balto

25. FUNERAL DIRECTOR Joseph Herr & Son ADDRESS 3001 Kirk Ave

26. RECEIVED BY REGISTRAR APR 22 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.

VS 150 SHEET

108

73688 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 903.0 G73688 Registered No.

1. NAME OF DECEASED (Type or Print): Emily Jane FRANK — 2. DATE OF DEATH: April 20, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 617 East 34th Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	WIDOWED.	Jan. 14, 1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	—	MARYLAND Balto	USA

13. FATHER'S NAME: Edward MALLALIEU
14. MOTHER'S MAIDEN NAME: Sarah E. SNEAD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO
No	—

17. INFORMANT: Mr. Wilbur M. Frank — ADDRESS: 617 E. 34th St.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial failure — DUE TO
(B) Generalized Arteriosclerosis
(C) Pneumonia, right lower lobe

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Fracture left humerus

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: 2 days / 4 days

CERTIFICATION APPROVED BY: Earl Kay, ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
—		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident (Fall)	Home	617 East 34th Street 9/3

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 16, 1949 ?m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Accidental Fall Slipped and fell to floor

22. *I hereby certify that I attended the deceased from* 4-18, 1949, *to* 4-20, 1949 *that I last saw the deceased alive on* 4-20, 1949, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James McC. Finney M. D.	Union Memorial Hospital	4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/22/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 22 1949	Wm. Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150 Released by Medical Examiner

186a

73689

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Yr. 1 G73689 Registered No.

1. NAME OF DECEASED (Type or Print): ANNIE ELIZABETH SUTER

2. DATE OF DEATH: April 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4317 Groveland Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4317 Groveland Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 6, 1888
9. AGE (In years last birthday): 60 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis S. Lippy
14. MOTHER'S MAIDEN NAME: Annie J. Finch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO: -

17. INFORMANT: Mr. Roland C. Suter
ADDRESS: 4317 Groveland Ave.

CAUSE OF DEATH

16. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

(B) myocarditis — about 3 yrs

DUE TO

Arterio-sclerosis — about 3 yrs.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6/49, 19__, *to* 4/19/49, 19__, *that I last saw the deceased alive on* 4/19/49, 19__, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter Tubbs M. D.
23B. ADDRESS: 2220 Gessner Blvd
23C. DATE SIGNED: 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/22/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

93D

Grave #6 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 929.8 G73650 Registered No.

73650 BIRTH NO.

1. NAME OF DECEASED (Type or Print) UNIDENTIFIED WHITE MALE

N.990

2. DATE OF DEATH March 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Found: Druid Hill Lake

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE U B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) A D. STREET ADDRESS (If rural, give location) N O 13-4

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?

8. DATE OF BIRTH N

9. AGE (In years last birthday) 70 ? If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Drowning	
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Park

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Lake, Druid Hill Park 13/4

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Found: 3 27 49 6p m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Found Drowned

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [X].*

23A. SIGNATURE M.D.

23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED March 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY PUBLIC CEMETERY

24D. LOCATION (City, town, or county) (State) APR 20 1949

25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY REGISTRAR APR 22 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

183

151

73691

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150 G73691 Registered No.

1. NAME OF DECEASED (Type or Print): Ernest Kuehne

2. DATE OF DEATH: April 20/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 641 S Potomac

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
641 S Potomac
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto
D. STREET ADDRESS (If rural, give location)
1-2

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct 1 1872
9. AGE (In years last birthday): 76
If Under 1 Year: Months 5 Days 20
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Kuehne
14. MOTHER'S MAIDEN NAME: Wilhelmina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Bunting ADDRESS: 641 S Potomac

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, oesophagus — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

(B) arteriosclerosis, generalized — 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5- 1948 *to* 4-20- 1949 *that I last saw the deceased alive on* 4-20- 1949, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benj. B. Moore M. D. M. D.
23B. ADDRESS: 448 N. Luzerne Ave.
23C. DATE SIGNED: 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/23/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home ADDRESS: 2201 Eastern Ave

VS 150

46a

7736928037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

00 ✓ G73692 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Fred Aschenbach

2. DATE OF DEATH: April 11, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

C. Length of stay in Baltimore: 47 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 48 Market Place 4-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?
8. DATE OF BIRTH: June 6, 1901
9. AGE (In years last birthday): 47 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Deceased
14. MOTHER'S MAIDEN NAME: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis far Advanced, Bilateral.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1949, *to* 4-11, 1949 *that I last saw the deceased alive on* 4-11, 1949, *and that death occurred at* 7:20 A., *from the causes and on the date stated above.*

23A. SIGNATURE: G. L. Wagner M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL APR 20 1949
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Dorothy Jean Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

13B

G73693

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 96 Registered No. G73693

1. NAME OF DECEASED (Type or Print): Rose Regina Huber

2. DATE OF DEATH: April 21st.1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1437 Holbrook Street

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Maryland
b. COUNTY: City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1437 Holbrook Street 9-9

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22,1884
9. AGE (In years last birthday): 64 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.): 9 / 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore,Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ernest Wolf
14. MOTHER'S MAIDEN NAME: Mary Engelbach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT / ADDRESS: Mr.Andrew Huber--1437 Holbrook Street

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sarcoma,retroperitoneal
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 19 49 *to* April 21, 19 49 *that I last saw the deceased alive on* April 21, 19 49 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Shannon M. D.
23b. ADDRESS: 1412 E. Fayette St
23c. DATE SIGNED: April 21, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-49
24c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24d. LOCATION (City, town, or county) (State): Belair Road,Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Kenneth for Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS: George J.Ruth,Inc.1735 Harford Avenue

VS 150

55E

BIRTH NO. 35.94

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G73694 Registered No.

1. NAME OF DECEASED (Type or Print): Giuseppe Quaglione

2. DATE OF DEATH: April 20 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4947 Edgemere Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4947 Edgemere Ave 27-17

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29 1878
9. AGE (In years last birthday): 70 | Under 1 Year: Months 9 Days 22 | Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Woodlawn Cemetery
11. BIRTHPLACE (State or foreign country): Scanno- Aquila Italy.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Domenico Quaglione
14. MOTHER'S MAIDEN NAME: Marianicola Colanera
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 212-07-6693
17. INFORMANT: Mariannina Quaglione ADDRESS: 4947 Edgemere

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute complete heart block	10 days.
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Hypertensive - Arteriosclerotic CVD	1 year
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1949, *to* April 20, 1949, *that I last saw the deceased alive on* April 20, 1949, *and that death occurred at* 5:05 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Caffo M. D.
23B. ADDRESS: 310 W. Baltimore St
23C. DATE SIGNED: 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 23/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: Frank Della Rose
ADDRESS: 322 S. High St.

VS 150 Form

93)

73695 BALTIMORE CITY HEALTH DEPARTMENT G73695
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print): Weldon Carroll Hofmeister
2. DATE OF DEATH: April 20, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4311 York Road
c. Length of stay in Baltimore: 25 years (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4311 York Road
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1897
9. AGE (In years last birthday): 52 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Manager
10B. KIND OF BUSINESS OR INDUSTRY: A. & P. Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: William Hofmeister
14. MOTHER'S MAIDEN NAME: Lottie Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO: 213-10-5721
17. INFORMANT: Mrs. Bessie N. Hofmeister
ADDRESS: 4311 York Road

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO	Coronary Thrombosis	1 day
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	Hypertension & VD	3 mo.
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6 1948 *to* April 20 1949 *that I last saw the deceased alive on* April 18 1949 *and that death occurred at* 11:50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Laurence Schmeuk M. D.
23B. ADDRESS: 3911 Falls Rd
23C. DATE SIGNED: 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 23, 1949
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill
24D. LOCATION (City, town, or county) (State): Towson, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road

VS 150

937

3696 G73696

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Charles C. Obrigkeit

2. DATE OF DEATH Apr. 21. 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 214 Ballaw Ct.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-E
D. STREET ADDRESS (If rural, give location) 214 Ballaw Court

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 29-1908

9. AGE (In years last birthday) 40 — If Under 1 Year: Months 9, Days 22 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Polisher

10B. KIND OF BUSINESS OR INDUSTRY Crown Stanley Steel

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George Obrigkeit

14. MOTHER'S MAIDEN NAME Johanna Emily Paul

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 241-14-9585

17. INFORMANT Mrs. Lucia Obrigkeit ADDRESS 214 Ballaw Ct.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Anaemia — INTERVAL BETWEEN ONSET AND DEATH: 4/20/49

DUE TO

(B) Chr. Parenchymatous Nephritis — 1948

DUE TO

(C) Chr. Myocarditis — 1948

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 14, 1949 *to* Apr 21, 1949, *that I last saw the deceased alive on* Apr 21, 1949, *and that death occurred at* 12:2 m., *from the causes and on the date stated above.*

23A. SIGNATURE Paul Dearmon M. D.

23B. ADDRESS 1663 W. North Ave.

23C. DATE SIGNED 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 26-1949

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State) 4430 Belair Rd Balto Md.

DATE RECEIVED BY REGISTRAR APR 22 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Joseph Farace Inc. ADDRESS 2013 Monument Ave

VS 150

131a

G73697

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. G73697

1. NAME OF DECEASED (Type or Print): William Johnson.

2. DATE OF DEATH: 4-19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1803 W. Lanvale St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1803 W. Lanvale St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-4
D. STREET ADDRESS (If rural, give location): 1803 W. Lanvale St.

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 4, 1870
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rock County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Matius Johnson
14. MOTHER'S MAIDEN NAME: Martha
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, yes or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Robert Johnson. ADDRESS: 1801 [illegible]

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Generalized Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19 1949, to April 19 1949, *that I last saw the deceased alive on* April 19, 1949, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert L. Banfield M. D.
23B ADDRESS: 722 N. Fulton Ave
23C DATE SIGNED: 4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-22-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Mem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 20 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 322 N Schroeder St

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G73698

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

446

G73698 Registered No.

1. NAME OF DECEASED (Type or Print): Frank Henry Adams

2. DATE OF DEATH: April 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Marine Hospital
C. Length of stay in Baltimore: 10 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Somerset
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crisfield
D. STREET ADDRESS (If rural, give location):

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 20, 1872
9. AGE (In years last birthday): 76 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman
10B. KIND OF BUSINESS OR INDUSTRY: seafarer

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Washington Adams

14. MOTHER'S MAIDEN NAME: Annie Daughterty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unk
(If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: unk

17. INFORMANT: Records, U. S. Marine Hospital, Balto — ADDRESS

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Transuretheral prostatectomy, post-operative state	Apr.21,'49
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Nephrosclerosis and hypertension	Unknown
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1949 *to* April 21, 1949 *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sothie L. Wilson Sr. Surg. M.D.
23B. ADDRESS: U. S. MARINE HOSPITAL, Balto
23C. DATE SIGNED: April 22,'49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4/25/49
24C. NAME OF CEMETERY OR CREMATORY: CHRISFIELD CEM.
24D. LOCATION (City, town, or county) (State): CHRISFIELD MD.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Lilly & Leiler Inc.
ADDRESS: 403 S. Wolfe St.

VS 150

1312

Ex. Coroner.
G73699 Am.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

794 Registered No. G73699

1. NAME OF DECEASED (Type or Print): ANNIE E. SAKERS

2. DATE OF DEATH: APRIL 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1913 EUTAW PLACE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TWILIGHT NURSING HOME
c. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE.
D. STREET ADDRESS (If rural, give location): 3912 ELM AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
FEMALE	WHITE	WIDOW	DEC ? 1860	88 YRS		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	—	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS WELLS	ELLEN ?.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	MRS. VIOLA MYERS	3912 ELM AVE

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility

DUE TO

(B) no disease process

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: —

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
—	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan , 1949 *to* 20 April , 1949 *that I last saw the deceased alive on* 19 April 1949 *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Ellsworth Cook M. D.	2431 Maryland Ave	4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	APRIL 23/49	LORRAINE PARK.	WINDSOR MILL ROAD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 22 1949	Huntington Williams, M.D.	Austin E. Donovan	3638 Roland Ave

VS 150

162B

G73700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 ✓ Registered No. G73700

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alice Stewart

2. DATE OF DEATH 4/21/79

3. PLACE OF DEATH: Baltimore City, Maryland Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1200 McCulloh

E. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1200 McCulloh St.

F. Length of stay in Baltimore Yrs. 30 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	col	Widow	April 6th 186[illegible]	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Alexandria Va.	

13. FATHER'S NAME unk

14. MOTHER'S MAIDEN NAME Sarah Branham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT Ada Stewart ADDRESS 1200 McCulloh St. Balt. Md.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Chronic Nephritis – Hypertension — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Uremia – coma. 1 to 2 yrs

DUE TO

(C) Valvular Heart Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/1, 19 79, to 4/21, 19 79, *that I last saw the deceased alive on* 4/[illegible], 19 79 *and that death occurred at* 10 [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[illegible] M. D.	Cor Washington	4/[illegible]

a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/25/79	Mt. Auburn	Westport, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 22 1979	Carrington Williams, MD	Charles H. Alexander	1200 McCulloh St

VS 150

131a

73701

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 43

Registered No. 73701

1. NAME OF DECEASED (Type or Print) Dyshane, Mrs. Jennie Chipman

2. DATE OF DEATH April 21, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home for Incurables - 700 W. 40th St.

Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

d. STREET ADDRESS (If rural, give location) 700 W. 40th St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 21, 1863

9. AGE (In years last birthday) 85 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Chipman

14. MOTHER'S MAIDEN NAME: Jane Allen White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT: Charlotte Fleischmann H.F.I. Records ADDRESS 700 W. 40th St.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Hypertensive Cardio Vascular Disease — 40 years +

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Paget's Disease — 23 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26 1948, *to* April 21 1949, *that I last saw the deceased alive on* April 21 1949, *and that death occurred at* 10:03 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Thomas Conrad Wolf M.D.

23B. ADDRESS 11 E. Chase St. Baltimore 2, Md.

23C. DATE SIGNED 4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/23/49

24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY REGISTRAR: APR 22 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Stewart & Mower Co., ADDRESS 108 W. North Ave.

VS 150

93D

G73702

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73702

1. NAME OF DECEASED (Type or Print): THOMAS LOVE SPRINGER

2. DATE OF DEATH: 4/21/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5707 Chinquapin Pkwy.
c. Length of stay in Baltimore: Yrs. Life, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5707 Chinquapin Pkwy 27-28

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	January 2, 1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Treasurer	French - Bray Printing Co.	Maryland	USA

13. FATHER'S NAME: Rev. Thomas L. Springer

14. MOTHER'S MAIDEN NAME: Mary Bowker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-03-2827	Mrs. Hilda H. Springer-	Same

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Apr. 21, 1949

DUE TO

(B) Arterio-Sclerotic Cardio-Vascular disease — Apr. 1948

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1939, *to* 21 Apr., 1949, *that I last saw the deceased alive on* 21 April, 1949, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles Jno. Reier M. D.	6707 York Rd Balto 12 Md	22 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/23/49	Druid Ridge Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
APR 22 1949	[illegible]	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 93)

G73703

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181

G73703

Registered No.

1. NAME OF DECEASED (Type or Print)	MAGRUDER POWELL
2. DATE OF DEATH	Apr. 21, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Anderson Nursing Home 3605 Hillsdale Rd.
C. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	7 St. Dunstans Garth 27-12
5. SEX	male
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	widowed
8. DATE OF BIRTH	Mar. 27, 1862
9. AGE (In years last birthday)	87 yrs.
If Under 1 Year: Months, Days	
If Under 24 Hours: Hours, Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	retired banker
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Williamsburg, Va.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Peter Taylor Powell
14. MOTHER'S MAIDEN NAME	Louisana Teagle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	no
(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	no
17. INFORMANT	Mr. Edwin Powell
ADDRESS	13 Hilltop Ave. Towson

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Primary Carcinoma of Bladder	18 months.
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST. DUE TO	Cystoma - Sclerotic Heart Disease	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	None	
19B. MAJOR FINDINGS OF OPERATION	—	
20. AUTOPSY?	YES ☐ NO ☑	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	
21E. INJURY OCCURRED	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21F. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Sept. , 1947, to April 21, 1949, *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	Kent L. Chambers M. D.	
23B. ADDRESS	4108 Liberty Hts.	
23C. DATE SIGNED	4/22/49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	
24B. DATE	4/23/49	
24C. NAME OF CEMETERY OR CREMATORY	Lorraine Cem.	
24D. LOCATION (City, town, or county) (State)	Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	APR 22 1949	
REGISTRAR'S SIGNATURE	[illegible] M.D.	
25. FUNERAL DIRECTOR	WM. J. TICKNER & SONS	
ADDRESS	Balto., Md.	

VS 150

522

G73704 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 70.0 — G73704 — Registered No.

1. NAME OF DECEASED (Type or Print): WM. HENRY BIDDISON. — N-870 0

2. DATE OF DEATH: Apr 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — BALTO City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOSEPH'S HOSP

C. Length of stay in Baltimore: Life 85 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 432 N/ROBINSON. BALTO Cy.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 6-1
D. STREET ADDRESS (If rural, give location): 432 N. ROBINSON ST

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4/7/64
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): BALTO. CO.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Biddison
14. MOTHER'S MAIDEN NAME: Rebeccah Wilkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS: Mrs. W.H.Biddison, 432 N.Robinson St. Balto.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchio-Pneumonia

DUE TO

(B) Auricular Fibrillation - Failure

DUE TO

(C) Chronic C.V.D nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fractured Neck Rt Femur

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: none
19B MAJOR FINDINGS OF OPERATION: none
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): none
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 432 N Robinson St 6/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 13 48 P m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell down cellar steps

22. *I hereby certify that I attended the deceased from* April 14, 1949, *to* April 22, 1949, *that I last saw the deceased alive on* April 22, 1949, *and that death occurred at* 9.5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John B Wells M. D.
23B. ADDRESS: St Jo Hosp
23C. DATE SIGNED: 4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: Apr. 25, 1949
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Frazier Funeral Home
ADDRESS: 7401 Belair Rd.

VS 150

186a

Med Exam. Case
B.C. H-28082

Randolph Yoe

754.4 : 073705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Randolph Yoe

2. DATE OF DEATH: April 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 1310 W. Belvedere Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 9-1-47
9. AGE (In years last birthday): If Under 1 Year: Months 19, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harwood Yoe
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Heart disease
DUE TO
Tricuspid atresia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-21-49
19B. MAJOR FINDINGS OF OPERATION: Tricuspid atresia
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1949 to 4-21, 1949 that I last saw the deceased alive on 4-21, 1949 and that death occurred at 10:00 PM from the causes and on the date stated above.

23A. SIGNATURE: W. H. Mueller, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/24/49
24C. NAME OF CEMETERY OR CREMATORY: Christ Church
24D. LOCATION (City, town, or county) (State): Post Republic Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949
REGISTRAR'S SIGNATURE: [illegible] Williamsport, Md.
25. FUNERAL DIRECTOR: A. A. Harkins & Son Mutual Md. ADDRESS

VS 150
To Bill Employees [illegible] Not to be approved. 157E

G73706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3400

G73706

BIRTH NO. B.C. 46301

Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD CHARLES MILAN

2. DATE OF DEATH 4-21-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hosp.

c. Length of stay in Baltimore: Yrs. 2 year, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Md.
D STREET ADDRESS (If rural, give location) 5111 Plainfield Ave.

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Oct 24, 1946

9. AGE (In years last birthday) 2 yr. | If Under 1 Year: Months 5, Days 24 | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0

10B. KIND OF BUSINESS OR INDUSTRY 0

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vincent W. Milan

14. MOTHER'S MAIDEN NAME Eleanor M. E. Geary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS 5111 Plainfield Ave.

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Influenza Pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20-49, 19__, *to* 4-24-49, 19__, *that I last saw the deceased alive on* 4-24-49 19__, *and that death occurred at* 2:04 ~~P~~ A.M., *from the causes and on the date stated above.*

23A. SIGNATURE L. Donald Lowy, M.D.

23B. ADDRESS Union Mem. Hosp.

23C. DATE SIGNED 4-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-23-49

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR APR 22 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR L. J. Luck

ADDRESS 5305 Harford Rd

VS 150

32B

BIRTH NO. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G737702

1. NAME OF DECEASED (Type or Print): James Kelly

2. DATE OF DEATH: April 20-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 35yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1942 Light St.

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 12- 1879

9. AGE (In years last birthday): 70 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Baltimore City Hospitals Records- 4940 Eastern Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acidosis — Interval between onset and death: —

DUE TO
(B) Carbuncle — Interval between onset and death: 2-3wks.

DUE TO
(C) Diabetes mellitus — Interval between onset and death: ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 4-20-1949

19B. MAJOR FINDINGS OF OPERATION: Incision and drainage of carbuncle

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19- 1949 *to* 4-20- 1949, *that I last saw the deceased alive on* 4-20- 1949, *and that death occurred at* 9.45PM, *from the causes and on the date stated above.*

23A. SIGNATURE: R. E. Rogers M. D.

23B. ADDRESS: Baltimore City Hospitals

23C. DATE SIGNED: 4-21-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/23/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 22 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James L. McCully ADDRESS: 130 E. Fort Ave.

VS 150

61

G73708

BALTIMORE CITY HEALTH DEPARTMENT E9-9-8

CERTIFICATE OF DEATH

Registered No. G73708

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Everett W. McNeal N-190

2. DATE OF DEATH April 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 4-1

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 32 (?) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Pier # 4 Harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier #4 Pratt St. Found drowned

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April 14, 1949 ?:?? P.m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Gillian J. McCafferty M.D.

23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED April 14, 19[illegible]

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 4/22/49

24C. NAME OF CEMETERY OR CREMATORY —

24D. LOCATION (City, town, or county) (State) Greensboro, N. C.

DATE RECEIVED BY LOCAL REGISTRAR APR 22 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Ellsworth Covenant ADDRESS 3901 Lib[illegible]

183

73709

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73709

1. NAME OF DECEASED (Type or Print) [redacted] J. JAMES F. ELLICOTT

2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1412 Parkmont Avenue

C. Length of stay in Baltimore 36 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 328. S. Hallas. Court. 3-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Widower	Aug 17.	95		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer.	Johns. Hopkins Hosp.	West Virginia	U.S.

13. FATHER'S NAME Andrew Ellicott

14. MOTHER'S MAIDEN NAME Gay Harper.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Fannie Ganley. ADDRESS 328. S Hallas Court

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerptic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C DATE SIGNED
George G. Merrill M.D.		4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial.	April 22. 1949.	Baltimore Cem.	Baltimore Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 22 1949	Huntington Williams, M.D.	Wendell J. Hoppel	3135 S. Highland Ave

151

939

73710

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

H 10

G73710
Registered No.

1. NAME OF DECEASED (Type or Print) Carrie Wagner

2. DATE OF DEATH April 21, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5702 Cordelia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
5702 Cordelia Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 5702 Cordelia Ave 27-18

b. Length of stay in Baltimore 8 Yrs. Mos. Days

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH Feb. 18, 1867
9. AGE (In years last birthday) 82 yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10B. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Schnefer
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Fred J. Ikens ADDRESS 5102 Cordelia Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mitral Insufficiency
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3-17-49

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1949 to April 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 12:05 m., from the causes and on the date stated above.

23A. SIGNATURE John D. Bubert M. D.
23B. ADDRESS 4803 Park Heights Ave
23C. DATE SIGNED 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 23 '49
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY REGISTRAR APR 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Loring Byers
ADDRESS 5005 Park Heights Ave

VS 150

92 B

G73711

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

199-8

Registered No. G73711

1. NAME OF DECEASED (Type or Print): Laye, John Edgar

2. DATE OF DEATH: April 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. MARINE HOSPITAL

C. Length of stay in Baltimore: unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 72 Dundalk Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	white	married	April 21, 1921	28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10B. KIND OF BUSINESS OR INDUSTRY: insurance

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Laye

14. MOTHER'S MAIDEN NAME: Gladys Houshour

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): yes WW 2

16. SOCIAL SECURITY NO: unknown

17. INFORMANT: Records, U. S. MARINE HOSPITAL — ADDRESS

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma primary site undetermined

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Duration unknown.

19A. DATE OF OPERATION: Sept 2 48

19B. MAJOR FINDINGS OF OPERATION: no evidence of tumor in left testicle

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1948, *to* April 21, 1949 *that I last saw the deceased alive on* April 21, 1949 *and that death occurred at* 1.50 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joel M. Chisolm M.D.

23B. ADDRESS: U.S. Marine Hosp't. Baltimore

23C. DATE SIGNED: Apr. 21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal -

24B. DATE: 4/24/49

24C. NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery

24D. LOCATION (City, town, or county) (State): Alexandria Penn -

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Earl B. Wolverton 403 E. 25th St

VS 150

55E

73712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

Registered No. G73712

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edith A Boyd

2. DATE OF DEATH 4-21-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

c. Length of stay in Baltimore 7 Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-2
D. STREET ADDRESS (If rural, give location) 241 Luzerne Ave (N.)

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH 3-31-77

9. AGE (In years last birthday) 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO none

17. INFORMANT Mrs. Helen J. Boyd ADDRESS 241 N. Luzerne Ave

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It must be the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

(B) Generalized Arteriosclerosis — Unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE Robert B. McFadden M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 4/25/49

24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

24D. LOCATION (City, town, or county) (State) Milton Ave & Mt. Clair Lane Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Howard N. Blight ADDRESS 6009 Harford Rd. Balto. Md.

151

9 3 D

73713

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

G73713 Registered No.

1. NAME OF DECEASED (Type or Print): William Dorman

2. DATE OF DEATH: April 21 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2436 Brentwood Avenue

c. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-3
D. STREET ADDRESS (If rural, give location): 2436 Brentwood Ave

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 5, 1888
9. AGE (In years last birthday): 60
If under 1 Year: Months 6 Days 17
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chestertown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Dorman
14. MOTHER'S MAIDEN NAME: Francis Madison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Miss Sarah Dorman ADDRESS:

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 7 Das.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15 – 1949 *to* Apr. 21 1949, *that I last saw the deceased alive on* Apr 21 1949 *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2814 Jefferson L.
23C. DATE SIGNED: Apr. 28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/23/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24D. LOCATION (City, town, or county) (State): Balto. C. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: Druid Hill Ave

VS 150

83a

G73714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73714

BIRTH NO. 1

1. NAME OF DECEASED (Type or Print): THEOFENIS DIAMOTOPOULA — N-8550

2. DATE OF DEATH: April 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 9-7
D. STREET ADDRESS (If rural, give location): 1501 S. 28th Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	single		55 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	-	Greece	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk.	unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		--	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage - traumatic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Public (street)	Fayette St. at Pine St.

21D. TIME (Month) (Day) (Year) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
4-10-49 approx. 12:30 a. m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Ped. struck by auto. 4/2

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Carl L. Rogers M.D.	[ ] / [X] / [ ]	April 21, 1949

A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-23-49	Greek Cemetery	Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 23 1949	Huntington Williams, M.D.	Lambros Inc.	438 E. North Ave

151

170c

773715

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 773715

1. NAME OF DECEASED (Type or Print) Dorothy I. Johnson

2. DATE OF DEATH April 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 431 N. Calhoun St

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 431 N. Calhoun St. 19-1

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	Colored	Single	Aug 1906	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public School	Petersburg, Virginia	U. S. A.

13. FATHER'S NAME: Archer Johnson

14. MOTHER'S MAIDEN NAME: Sarah Farley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: mrs. Adele Johnson ADDRESS 431 N. Calhoun St.

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Metastasis DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, LAST.

(B) Cancer of uterus DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: (A) ? (B) ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-15, 1949, *to* 4-22, 1949, *that I last saw the deceased alive on* 4-21, 1949, *and that death occurred at* 12:55 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D. Butler M. D.	503 Druid Hill Ave.	4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial			Petersburg, Virginia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 23 1949	Huntington Williams, M.D.	Frances A. Hensley	578 W. Biddle St

VS 150

4-12

CERTIFICATE CORRECTED 5-3-49

G73716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73716

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IRENE W. [illegible]PKINS (MRS. J. LEROY)

2. DATE OF DEATH 4/22/49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4
D. STREET ADDRESS (If rural, give location) 61 BURKE AVE.

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL

3b. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX FEMALE
6. COLOR or RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JULY 11 1875
9. AGE (In years last birthday) 73 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME WILLIAM T. WILLIAMS
14. MOTHER'S MAIDEN NAME AUSTIUS P. GILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO —
16. SOCIAL SECURITY NO —
17. INFORMANT V. M. H. RECORDS. ADDRESS

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple arterial emboli [illegible]
DUE TO auricular fibrillation
(B) Myocardial damage
DUE TO
(C) Coronary artery disease & arterio sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 5 days
(B) ?
(C) ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/16/49, 19__, *to* 4/22/49, 19__, *that I last saw the deceased alive on* 4/22/49 19__, *and that death occurred at* 2 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. R. Cox 3rd M. D.
23b. ADDRESS UNION MEMORIAL HOSPITAL
23c. DATE SIGNED 4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/25/49
24c. NAME OF CEMETERY OR CREMATORY Lorraine
24d. LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR [illegible] Cook Inc. ADDRESS 217 St. Paul St.

VS 150

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G73717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

581.0

Registered No. G73717

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELSBETH M. JOYNER

2. DATE OF DEATH: 4-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Genl Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 12-2
D STREET ADDRESS (If rural, give location): 14 E. Lafayette Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/14/1845
9. AGE (In years last birthday): 54 — If Under 1 Year: Months 3, Days 7 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Schuster
14. MOTHER'S MAIDEN NAME: Marie Mahrmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul H. Joyner — ADDRESS: 14 E Lafayette Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., but means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Oedema
DUE TO
(B) Acute Cardiac Dilatation
DUE TO
(C) Cirrhoses of Liver

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1949 to 4-21, 1949, that I last saw the deceased alive on 4-21, 1949 and that death occurred at 6:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Benjamin Berdanier M. D.
23B. ADDRESS: West Baltimore Genl Hosp
23C. DATE SIGNED: 4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/24/49
24C. NAME OF CEMETERY OR CREMATORY: U. S. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. Poe & Son Inc. — ADDRESS: 27 St. Paul St.

VS 150

1242

AB-128295

G73718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73718

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Dorothy M. Davis

2. DATE OF DEATH April 20-1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore 20yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 1010 Mosher Street 16-1

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept- 16-1916

9. AGE (In years last birthday) 32 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) South Caroline

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Horace Davis

14. MOTHER'S MAIDEN NAME Virginia McCullogh or McCollough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Records- ADDRESS Baltimore City Hospitals 4940 Eastern Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aneurysm of Innominate Artery.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-19-49 4-20-49

19B. MAJOR FINDINGS OF OPERATION Tracheotomy Exploratory

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16- 1949, *to* 4-20- 1949, *that I last saw the deceased alive on* 4-20- 1949, *and that death occurred at* 9.45 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE R. L. Mazer M. D.

23B. ADDRESS Baltimore City Hospitals

23C. DATE SIGNED 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 4-24-49

24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN

24D. LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949

REGISTRAR'S SIGNATURE Timothy Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS W. A JACKSON - 916 PENNA AVE.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73713

BIRTH NO. 1128384

1. NAME OF DECEASED (Type or Print): Elliott Emanuel

2. DATE OF DEATH: April 20-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5702 Cardinal Lane

Length of stay in Baltimore: 34yrs (Yrs. / Mos. / Days)

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 22-1885
9. AGE (In years last birthday): 63 (If Under: Months / Days / Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Caroline
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Frank Emanuel
14. MOTHER'S MAIDEN NAME: Nancy David
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Records- ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

18. CAUSE OF DEATH

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardiac failure	6 mo.
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Aortic insufficiency	1yr.
DUE TO		
(C)	Syphilitic heart disease	1yr.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20- , 1949, *to* 4-20- , 19 49 *that I last saw the deceased alive on* 4-20- 19 49, *and that death occurred at* 2.30PM., *from the causes and on the date stated above.*

23A. SIGNATURE: J. A. Rogers M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 4-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4-24-49
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE 30.

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. A. JACKSON - ADDRESS: 916 PENNA. AVE.

VS 150

Not To be approved by the Medical Examiner

30E

G73720

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73720

Registered No.

1. NAME OF DECEASED (Type or Print) LUVINA HALL

2. DATE OF DEATH 4/21/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL

c. Length of stay in Baltimore 33 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE MD.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.
d. STREET ADDRESS (If rural, give location) 7517 Beach Ave., Balto. 6.

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH July 17, 1883

9. AGE (In years last birthday) 66
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME CHARLES COLEMAN

14. MOTHER'S MAIDEN NAME Sarah Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Phillip Hall ADDRESS Same

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Luetic CV Disease

DUE TO

(B) Congestive Heart Failure 6 months

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) Years
(B)
(C)

19a. DATE OF OPERATION None

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20, 1949 *to* 4/21, 1949 *that I last saw the deceased alive on* 4/21, 1949 *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E Cruor M. D.

23b. ADDRESS Mercy Hospital

23c. DATE SIGNED 4/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 4-23-49

24c. NAME OF CEMETERY OR CREMATORY MT. AUBURN

24d. LOCATION (City, town, or county) BALTIMORE (State) MD.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949

REGISTRAR SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR W. A. JACKSON

ADDRESS 916 PENNA AVE

VS 150

30E

G73721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

41 Registered No. G73721

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDWARD T WATKINS

2. DATE OF DEATH: APRIL 22 '49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 14-2

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1708 EUTAW PLACE

D. STREET ADDRESS (If rural, give location): 1708 EUTAW PLACE

3a. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JUNE 1, 1884
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RUDOLPHUS WATKINS
14. MOTHER'S MAIDEN NAME: EUDOLPHIA -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or years of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. CHESTER T. WATKINS
ADDRESS: 530 S. BENTALOU ST

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of tongue with cervical metastases
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 12 mos

19A. DATE OF OPERATION: 7 Sept 1948
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of tongue & cervical Met.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 April, 1948, to PRESENT, 19__, *that I last saw the deceased alive on* 24 March, 1949, *and that death occurred at* 2:45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur J. Quinnieri M. D.
23B. ADDRESS: Medical Arts Bldg
23C. DATE SIGNED: 22 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 25 '49
24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HARRY H WITZKE
ADDRESS: 4101 EDMONDSON AVE

45B

G73722

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G73722 Registered No.

1. NAME OF DECEASED (Type or Print) Joseph L. Richardson

2. DATE OF DEATH 4/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-7
D. STREET ADDRESS (If rural, give location) 3937 Edmondson Ave.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1-1-1883
9. AGE (In years last birthday) 66
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph B. Richardson
14. MOTHER'S MAIDEN NAME Edith Tongue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-7148
17. INFORMANT Nettie Richardson ADDRESS 3939 Edm.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive cerebellar hemorrhage - RT — INTERVAL BETWEEN ONSET AND DEATH 5 hrs
DUE TO
(B) Hypertensive c.v. disease — years
(C) Generalized Arteriosclerosis — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21 1949, *to* 4- 1922, *that I last saw the deceased alive on* 4-22 1949, *and that death occurred at* 15[illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE Sidney Johnson Venable Jr. M.D.
23B. ADDRESS St. Agnes Hospital
23C. DATE SIGNED 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Apr. 25/49.
24C. NAME OF CEMETERY OR CREMATORY Towson
24D. LOCATION (City, town, or county) (State) 3501 Frederick Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Harry F. Kintzele ADDRESS 4101 Edmondson Ave.

VS 150

93D

G73723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Hyp. 1 G73723 Registered No.

1. NAME OF DECEASED (Type or Print) KATHERINE (KATE) O'LOUGHLIN

2. DATE OF DEATH APRIL 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 825 WASHINGTON BLVD.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-2
D. STREET ADDRESS (If rural, give location) 825 WASHINGTON BLVD.

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAY 15 1865
9. AGE (In years last birthday) 83 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME NICHOLAS LOTZ
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mr. WILLIAM H. O'LOUGHLIN ADDRESS 825 WASH. BLVD

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

DUE TO

(B) Arteriosclerosis C.V.D

DUE TO

(C) Carcinoma of Rectum — 3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan ____, 19 47 *to* April 21 ____, 19 49 *that I last saw the deceased alive on* April 21, 19 49 *, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE Paul Schofield M. D.
23B. ADDRESS 701 Cathedral St
23C. DATE SIGNED 4/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24B. DATE APRIL 23, 1949
24C. NAME OF CEMETERY OR CREMATORY LORRAINE PARK
24D. LOCATION (City, town, or county) (State) WOODLAWN, MD.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR HARRY H. WATERS
ADDRESS 4701 GOODWOOD AVE

VS 150

469

G73724

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G73724 Registered No.

1. NAME OF DECEASED (Type or Print) George A. Shrodetzki

2. DATE OF DEATH 4-20-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp.

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 827 McHenry St. 19-4

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 17, 1885 | 9. AGE (In years last birthday) 64 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer

10B. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Wilhelmina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

(B) Hypertension cardio vascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS ~~CONTRIBUTING TO THE DEATH~~, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Right inguinal hernia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19 *1949, to* 4-20 *, 1949, that I last saw the deceased alive on* 4-20 *, 1949 and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE I William J. Hoen M. D. | 23B. ADDRESS 1213 Light St. | 23C. DATE SIGNED 4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24B. DATE APRIL 23 49 | 24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK | 24D LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949 | REGISTRAR'S SIGNATURE Penelope for Williams, M.D. | 25. FUNERAL DIRECTOR ADDRESS HARRY H WITTKE - 4101 EDMONDSON AVE

VS 150

93D

3725 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 — G737725 — Registered No.

1. NAME OF DECEASED (Type or Print): PEARL Estelle ANDERSON

2. DATE OF DEATH: 4-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2703 Goodwood Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	divorced	Aug. 4, 1919	29 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Binder Books	Balto. Sales Book Co.	Maryland	

13. FATHER'S NAME: Joseph Lawrence Hoyer, Sr.

14. MOTHER'S MAIDEN NAME: Elma G. Deaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	214-16-6544	Mrs. Bertha E. Hoyer	2703 Goodwood Rd.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of cervix of uterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3.18 1949 *to* 4.22 1949 *that I last saw the deceased alive on* 4-22 1949 *and that death occurred at* 8:55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. Noland Rohrbaugh M. D.	University Hospital	4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/25/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 23 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

48a

G737726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16 ✓ Registered No. G737726

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hunnicutt, Edgar Clyde.

2. DATE OF DEATH 11:20 P.M. April 22, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland b. Wyman Park Dr.& 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY 2824 Onyx Rd., Balto., Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto., Md.

d. STREET ADDRESS (If rural, give location)

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S.Marine Hospital,Balto.,Md.

e. Length of stay in Baltimore 58 days (Yrs. Mos. Days)

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 4/29/02

9. AGE (In years last birthday) 46 (If under 1 year: Months 11 Days 24; If under 24 hours: Hours Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafarer - Merchant Seaman

10b. KIND OF BUSINESS OR INDUSTRY Seafarer

11. BIRTHPLACE (State or foreign country) No. Car.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John R. Hunnicutt

14. MOTHER'S MAIDEN NAME Dora Truell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO Unknown

17. INFORMANT Records - U.S.Marine Hospital,Balto.,Md. ADDRESS

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of right lung with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23rd of Feb, 1949 *to* 22nd of April 49, *that I last saw the deceased alive on* 4/22/49, 19____, *and that death occurred at* 11:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE John R. Wilson, Surg. Clinical Dir.

23b. ADDRESS U.S.Marine Hospital,Balto.,Md.

23c. DATE SIGNED 4/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/26/49

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Charlotte, North Carolina

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd. Balto. Md.

VS 150

47D

498206

G73727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

754 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Richard Marchini

2. DATE OF DEATH: APR 23 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Illinois, B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago, #47
D. STREET ADDRESS (If rural, give location): 2629 N. Whipple St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Child	12-26-41	7		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfonso Marchini
14. MOTHER'S MAIDEN NAME: Florence Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Heart Disease
DUE TO Tetralogy of Fallot

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
* OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-22-49
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18-, 1949 *to* 4-23-, 1949 *that I last saw the deceased alive on* 4-23-, 1949, *and that death occurred at* 205 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. A. Mueller, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 27 1949
24C. NAME OF CEMETERY OR CREMATORY: St. Joseph's
24D. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Roland L. Fraher
ADDRESS: Dundalk, 157E Md

VS 150

G73728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

204.1

G73728

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NICOLA ANTONELLI

2. DATE OF DEATH: 4/22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. MARINE HOSPITAL

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1219 N LUZERNE AVE.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: FEB 23 1888
9. AGE (In years. If under 1 year, months, days. If under 24 hours, hours, min.): 60 / 1 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CAMILLO ANTONELLI
14. MOTHER'S MAIDEN NAME: MARIE ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: NICOLA ANTONELLI ADDRESS: 1219 N LUZERNE

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CHRONIC MYELOGENOUS LEUKEMIA
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): E. A. M. P. M.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4/22, 1949 *to* 4/22, 1949, *that I last saw the deceased alive on* 4/22, 1949 *and that death occurred at* 7:30 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward M. Ale M. D.
23B. ADDRESS: U.S. Marine Hospital
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-26-49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Md.
24D. LOCATION (City, Town, County) (State): Frederick Md. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: 2 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. L. Millspaugh
ADDRESS: 2435 E. Oliver St.

VS 150

74a

MEDICAL EXAMINER'S CASE
G73729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73729
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Thomas Bernard Bordenski

2. DATE OF DEATH April 22, 1949

3. PLACE OF DEATH
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 2971 W. Fayette St.,

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	Nov. 21, 1932	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Baltimore, Maryland	

13. FATHER'S NAME: Joseph John Bordenski

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spontaneous subarachnoid hemorrhage — Interval between onset and death: 2 hours

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/22/ , 1949 to 4/22/ , 1949 *that I last saw the deceased alive on* 4/22/ 1949 , *and that death occurred at* 4:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Karl C. Peterson Jr. M.D.	1400 N. Caroline Street	4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
Burial	4/26/49	Holy Cross	Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 23 1949	[illegible]	J. J. Foley Sons	1318 Light St

VS 150

83a

G73750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 G73750

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): MARY FLORENCE BOLDEN WAHNAR — DATE OF DEATH: Apr. 22 - 49

2. PLACE OF DEATH: a. Baltimore City, Maryland — BALTO Cty.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Joseph's HOSP

c. Length of stay in Baltimore: 59 yrs. Mos. Days

4 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: MD
b. COUNTY: BALTO Cty
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO
d. STREET ADDRESS (If rural, give location): 101 NINTH LANE

3. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 6 12 90
9. AGE (In years last birthday): 59 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Tailoring
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Boldon
14. MOTHER'S MAIDEN NAME: Mary Wahnar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO:
17. INFORMANT: Mary — ADDRESS:

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) GENERALIZED CARCINOMA — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CONDITION LAST

(b) CARCINOMA COLON — DUE TO

(c) TOXEMIA Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 4-12-48
19B MAJOR FINDINGS OF OPERATION: GENERALIZED CARCINOMA
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1949, to 4-22, 1949, that I last saw the deceased alive on 4-22, 1949, and that death occurred at 1102 Am., from the causes and on the date stated above.

23A. SIGNATURE: Helen B. Wells MD — M.D.
23B ADDRESS: St Josephs Hosp
23C DATE SIGNED: 4 22 49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4/25/49
24C NAME OF CEMETERY OR CREMATORY: Loudon Park
24D LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: J. J. Tobey & Sons
ADDRESS: 1318 Light St

VS 150

48B

G737331 ✓ G737331

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-08346 CERTIFICATE OF DEATH 760 Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Zink

2. DATE OF DEATH 4/22/49 6:55 P.M.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26
D. STREET ADDRESS (If rural, give location) 3611 Everett St.

5. SEX Male
6. COLOR or RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single
8. DATE OF BIRTH 4/21/49
9. AGE (In years last birthday) If Under 1 Year: Months / Days 1 — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Zink
14. MOTHER'S MAIDEN NAME Anna Bierner.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial Hemmorhage, Massive. — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21 19 49 to 4/22 19 49 *that I last saw the deceased alive on* 4/22 19 49 *and that death occurred at* 6:55 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward H. Hewell M.D.
23B. ADDRESS South Baltimore General
23C. DATE SIGNED 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify) B
24B. DATE 4-1349
24C. NAME OF CEMETERY OR CREMATORY Glen Haven
24D. LOCATION (City, town, or county) (State) Glen Burnie

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Edward F. McCarty ADDRESS 132 S Front Ave

VS 150 OR 2-49

160a

BIRTH NO. G737532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57-2 G737532 Registered No.

1. NAME OF DECEASED (Type or Print): Wm. Jackson Jr

2. DATE OF DEATH: 4-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.

C. Length of stay in Baltimore: 14 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Wicomico
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury Rt 1
D. STREET ADDRESS (If rural, give location): 206 Newton St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 3-28-49
9. AGE (In years last birthday): If Under 1 Year: Months / Days: 26 / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: William [illegible]
14. MOTHER'S MAIDEN NAME: [illegible] Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) NO / (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia c Nephritis — DUE TO

(B) Hypertension — DUE TO

(C) Org. Heart Disease & Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Coronary Thrombosis-Acute Hemoptysis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21-49, 19 *to* 4-22-49, 19 *, that I last saw the deceased alive on* 4-22 19 49 *, and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Salisbury
23C. DATE SIGNED: 4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/25/49
24C. NAME OF CEMETERY OR CREMATORY: Parsons
24D. LOCATION (City, town, or county) (State): Salisbury Md

25. FUNERAL DIRECTOR: The Nell & Johnson Co.
ADDRESS: Salisbury Md

CERTIFICATE RECEIVED BY LOCAL REGISTRAR: APR 24 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.

157H

G73733 G73733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Canady Dyer

2. DATE OF DEATH: April 22, 1949 AM 6:50

3. PLACE OF DEATH: A. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. MARINE HOSPITAL

3. Length of stay in Baltimore: 28 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Massachusetts
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bedford
D. STREET ADDRESS (If rural, give location): 95 N. Second St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Jun 15, 1883
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook
10B. KIND OF BUSINESS OR INDUSTRY: seafaring
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jelzei Dyer
14. MOTHER'S MAIDEN NAME: Alzada Bridges

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unk.
(If yes, give war or dates of service): unk.
16. SOCIAL SECURITY NO: 020-12-8220
17. INFORMANT: Records, U. S. Marine Hospital
ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Carcinoma of the prostate with generalized metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1949, *to* April 22, 1949, *that I last saw the deceased alive on* April 22, 1949, *and that death occurred at* 6:50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: U. S. Marine Hospital, Balto
23C. DATE SIGNED: 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Thomaston Village Cemetery
24D. LOCATION (City, town, or county) (State): Thomaston Maine

FILE RECEIVED BY LOCAL REGISTRAR: APR 24 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Grant & Seitz
ADDRESS: 2/4 436 St.

ARM 160

516

673754

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673754

1. NAME OF DECEASED (Type or Print): Mary Borowy

2. DATE OF DEATH: April 21/49

3. PLACE OF DEATH: a. Baltimore City, Maryland / 1613 Shakespeare St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE 1613 Shakespeare St; b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RFD, and give township): Baltimore 2-3

d. STREET ADDRESS (If rural, give location): 1613 Shakespeare st.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH

9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathew Dziora

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-16-4747

17. INFORMANT: Alexander Borowy ADDRESS: 1613 Shakespeare St

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive C. V. Disease — INTERVAL BETWEEN ONSET AND DEATH: Jan 1947

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Cerebro-vascular Hemmorrage — 4-15-49

DUE TO

(C) Acute Coronary Occlusion — 4-21-49

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —— m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1947 *to* April 21 1949 *that I last saw the deceased alive on* 4-20 1949 *and that death occurred at* 8 45 AM *from the cause and on the date stated above.*

23A. SIGNATURE: Fischmund Katz M. D.

23B. ADDRESS: 842 E. Lombard

23C. DATE SIGNED: 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: April 25 49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary

24D. LOCATION (City, town, or county): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: 4 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

FUNERAL DIRECTOR: Fred W. Dziemian

ADDRESS: 1930 Eastern Ave

93D

VS 150

G737735

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G737735

1. NAME OF DECEASED (Type or Print) Robert Reno Barr

2. DATE OF DEATH April 22/49

3. PLACE OF DEATH: a. Baltimore City, Maryland — 604 E Gittings St (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY Balto City c. CITY OR TOWN Baltimore 27-48 d. STREET ADDRESS (If rural, give location) 604 E Gittings Av

3. FULL NAME OF HOSPITAL OR INSTITUTION: at home

Length of stay in Baltimore: 42 Yrs. Mos. Days

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: May 9, 1872 — 9. AGE (In years last birthday): 76 — If under 1 Year: Months Days — If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant — 10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store — 11. BIRTHPLACE (State or foreign country): Pine Grove Pa — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Barr — 14. MOTHER'S MAIDEN NAME: Louise Lumbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. 212-07-6578 — 17. INFORMANT: Mrs. Nellie L. Barr (wife) — ADDRESS: 604 E. Gittings

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Aortic deformans — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
DUE TO
(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1926, to April, 1949, that I last saw the deceased alive on April 23 and that death occurred at 6:00 P m., from the causes and on the date stated above.

23A. SIGNATURE: William S. Reflock M. D. — 23B. ADDRESS: 5006 Roland Ave — 23C. DATE SIGNED: April 24 '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation — 24B. DATE: April 25/49 — 24C. NAME OF CEMETERY OR CREMATORY: Green Mount — 24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 24 1949 — REGISTRAR'S SIGNATURE: Deputy for Williams, M.D. — 25. FUNERAL DIRECTOR: Blevoot Moore Co. — ADDRESS: Balto.

VS 150

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G73736

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

450 G73736 Registered No.

1. NAME OF DECEASED (Type or Print) (Catherine) Sebastian, Kathryn

2 DATE OF DEATH April 22, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

b. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Washington, D. C.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1400 N Caroline St Balto Md
D. STREET ADDRESS (If rural, give location) 1916 M Street, N. W.

5. SEX Fe.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) about 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rev Fr Jerome D. Sebastian ADDRESS 2638 E Baltimore St.

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Generalized Arteriosclerosis DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10/ , 19 45 to 4/22/ , 19 49 *that I last saw the deceased alive on* 4/22/ 19 49 *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Wm J Welch MD M. D.
23B. ADDRESS 1123-5 St Paul St Balto Md
23C. DATE SIGNED April 22 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 25 1949
24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem
24D. LOCATION (City, town, or county) (State) Washington D. C.

DATE RECEIVED BY LOCAL REGISTRAR 4-24-1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR John C Moran ADDRESS 3000 E Baltimore St

VS 150

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G73737 BALTIMORE CITY HEALTH DEPARTMENT G73737

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Robert Blair Milwee	2. DATE OF DEATH April 22, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chase (Rural)
C. Length of stay in Baltimore 30yr. (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location) Eastern Ave.
5. SEX Male / 6. COLOR or RACE White / 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1893 / 9. AGE (In years last birthday) 56 / If Under 1 Year: Months, Days 26 / If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10B. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Rufus Milwee	14. MOTHER'S MAIDEN NAME Mattie Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War 1	16. SOCIAL SECURITY NO. 213-03-5398
17. INFORMANT Mrs. Robert B. Milwee	ADDRESS Eastern Ave.,

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of Dissecting Aneurysm of the Aorta

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15/ , 1949, *to* 4/22/ , 19 49 *that I last saw the deceased alive on* 4/22/ 19 49, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Ray E. Preston Jr. M. D.	23B ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED 4/22/49
A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/26/49	24C. NAME OF CEMETERY OR CREMATORY St. Michaels Lutheran
24D LOCATION (City, town, or county) (State) Perry Hall, Md.		
TE RECEIVED BY CAL REGISTRAR 4-26-1949	REGISTRAR'S SIGNATURE [illegible] Williams, M.D.	25. FUNERAL DIRECTOR Rossville Funeral Home ADDRESS 7401 Belair Rd.

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G73738 ✓ 33 ✓ G73738

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): HENRIETTA MARIA TILGHMAN

2. DATE OF DEATH: 4-22-1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 709 ST. PAUL ST.

c. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 11-1
D. STREET ADDRESS (If rural, give location): 709 ST. PAUL ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 4-18-1858
9. AGE (In years last birthday): 91 — If Under 1 Year: Months 3, Days 21 — If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CAPT. RICHARD LLOYD TILGHMAN

14. MOTHER'S MAIDEN NAME: AGNES RIDDLE OWEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: GUSTAV LURMAN ADDRESS: 3422 UNIV. PL.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral artery, thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 1947 *to* Apr. 22, 1949, *that I last saw the deceased alive on* Apr. 18, 1949, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Parsons M. D.
23b. ADDRESS: 1109 St Paul St.
23c. DATE SIGNED: Apr. 22 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-25-49
24c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery, Md.
24d. LOCATION (City, town, or county) (State): EASTON MD.

DATE RECEIVED BY LOCAL REGISTRAR: 4 24 1949
REGISTRAR: [illegible]
25. FUNERAL DIRECTOR: HENRY W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD.

VS 150

DR JOHN PARSONS 1109 ST PAUL 83R

G73739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G737.9 — Registered No.

1. NAME OF DECEASED (Type or Print): ORVILLE KENYON HELLER
2. DATE OF DEATH: APR 22 1949
3. PLACE OF DEATH: Baltimore City, Maryland 537 E. 38th St
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 537 E. 38TH ST. 9-1
3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
Length of stay in Baltimore: 49 Yrs. Mos. Days
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 1, 1888
9. AGE (In years last birthday): 61 — If under 1 year: Months 3, Days 21 — If under 24 hours: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
11. BIRTHPLACE (State or foreign country): PHIL. PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WILLIAM HELLER
14. MOTHER'S MAIDEN NAME: ANNIE KENYON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or date of service)
16. SOCIAL SECURITY NO
17. INFORMANT: MRS. ALMA M. HELLER — ADDRESS 537 E. 38TH

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	CORONARY OCCLUSION	2 DAYS
DUE TO (B)	RHEUMATIC CARDIOVASCULAR DISEASE	20 YR +
DUE TO (C)	CHRONIC HYPERTROPHIC ARTHRITIS	30 +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC 1947 *to* APR 22, 1949 *that I last saw the deceased alive on* Apr 22, 1949, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. D. Mack, M. D.
23B. ADDRESS: 513 E. 39th St
23C. DATE SIGNED: Apr 22 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-25-1949
24C. NAME OF CEMETERY OR CREMATORY: GREENMOUNT
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: 4 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD.

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G737-10

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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G737-10

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): MARY ELEANOR BRUGGER

2. DATE OF DEATH: Apr. 21, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2324 E. Baltimore Street

Length of stay in Baltimore: Yrs. Life / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

4a. STATE: Md.

4b. COUNTY:

4c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-3

4d. STREET ADDRESS (If rural, give location): 2324 E. Baltimore Street

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug. 3, 1872

9. AGE (In years last birthday): 76 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Jacobs

14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: None

17. INFORMANT — ADDRESS: Wm. J. Brugger- 2324 E. Baltimore ~~Street~~

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)	(A) Senile Cardiovascular renal disease	months ?
ANTEGEDEN CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Marked dental infection	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month / Day / Year / Hour): m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 6, 1949 *to* Apr 21, 1949, *that I last saw the deceased alive on* Apr 21, 1949, *and that death occurred at* 7⁰⁵ p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo. S. Latty, M. D.

23b. ADDRESS: 732 S. Patterson Park Ave

23c. DATE SIGNED: 4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/25/49

24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 24 1949

REGISTRAR'S SIGNATURE: Beatrice Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

12/a

G73741 BALTIMORE CITY HEALTH DEPARTMENT 43 G73741
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) FRED - STOCKLINE Frederick Johanna Stroehlein — DATE OF DEATH 4/23/49

2. PLACE OF DEATH: A. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSPITAL

Length of stay in Baltimore — Yrs. Mos. Days: LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location) 324 EVERGREEN

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Dec 21, 1872 | 9. AGE (In years last birthday) 76 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10B. KIND OF BUSINESS OR INDUSTRY STORE KEEPER | 11. BIRTHPLACE (State or foreign country) BALTIMORE Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Stroehlein STROCKLINE | 14. MOTHER'S MAIDEN NAME UNKNOWN EMMA V. PAFFT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 212-01-4282 | 17. INFORMANT | ADDRESS

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE - LEFT MIDDLE MENINGEAL RUPTURE INTO VENTRICLE

DUE TO

(B) HYPERTENSION - ENLARGED HEART

DUE TO

(C) CORONARY ARTERIOSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22 19 49 *to* 4/23 19 49 *that I last saw the deceased alive on* 4/23 19 49 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Donald W. Dintzer M. D. | 23B. ADDRESS Church Home Hosp. | 23C. DATE SIGNED 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/26/49 | 24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | 24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 24 1949 | REGISTRAR'S SIGNATURE Evelyn [illegible] | 25. FUNERAL DIRECTOR AND ADDRESS HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

92D

G73742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73742

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. T. Carlisle Mitchell

2. DATE OF DEATH April 24-49

3. PLACE OF DEATH Baltimore City, Maryland

100 E 23rd St

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Beck's Diagnostic Clinic

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY 100 Wayne Ave Philadelphia Pa

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md

D. STREET ADDRESS (If rural, give location) 100 E 23rd St

Length of stay in Baltimore 10 days. (Yrs. Mos. Days)

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar 31-1883

9. AGE (In years last birthday) 66 (If under 1 year: Months Days) — 24 (If under 24 hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance Man

10B. KIND OF BUSINESS OR INDUSTRY Manufacturing Shipping Co.

11. BIRTHPLACE (State or foreign country) USA - Maysville Kentucky

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs. T. Carlisle Mitchell ADDRESS Phil Pa 100 Wayne Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Interval between onset and death: Immediate

DUE TO

(B) Coronary Insufficiency & — Interval between onset and death: 1 yr. duration

DUE TO

(C) Myocardial Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1949 to April 24, 1949 that I last saw the deceased alive on April 24 1949, and that death occurred at 4A m., from the causes and on the date stated above.

23A. SIGNATURE Nathaniel M Beck M.D.

23B. ADDRESS 100 E. 23rd St Baltimore

23C. DATE SIGNED April 24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 4/24/49

24C. NAME OF CEMETERY OR CREMATORY Hibbardsville Cem

24D. LOCATION (City, town, or county) Hibbardsville, Ohio (State)

DATE RECEIVED BY REGISTRAR 4/25/1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm. J. Jackson & Sons.

ADDRESS 939 Balto. Md.

APR 25 1949

G73743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73743 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY SARRELL Calogridia. 2. DATE OF DEATH: April 22nd

3. PLACE OF DEATH: a. Baltimore City, Maryland 2907 Christeher Ave

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-7
D. STREET ADDRESS (If rural, give location): 2907 Christopher Ave

5. SEX: Fem- 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed 8. DATE OF BIRTH: April 2c- 9. AGE (In years last birthday): 75 yea- If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kythera Greece 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stavros Frankiskakis 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO

17. INFORMANT: Elaine Pappas 2907 Christopher

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage. 3day.
DUE TO
ANTECEDENT CAUSES
(B) Arteriosclerotic Cardio-Vascular Disease.
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/19, 1949 *to* 4/22, 1949 *that I last saw the deceased alive on* 4/22, 1949 *and that death occurred at* 7:45 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: L. L. Kerkes M. D. 23B. ADDRESS: 340 Edmondson Ave 23C. DATE SIGNED: 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 4-25-49. 24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem 24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949 REGISTRAR'S SIGNATURE: Huntington Williams M.D. 25. FUNERAL DIRECTOR AND ADDRESS: Lambros Inc. 438-E. North Ave

VS 150

937

37-4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60 G737-4 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fay, Mrs. Emma

2. DATE OF DEATH 4-22-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Balto. General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 27-5
d. STREET ADDRESS (If rural, give location) 6517 Glen Oak Ave.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9/28/1877
9. AGE (In years last birthday) 71
If Under 1 Year: Months 6, Days 24
If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In Home

11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Crate
14. MOTHER'S MAIDEN NAME Virginia (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No or unknown)
16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS
F. Vincent Fay 6517 Glen Oak Ave

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(a) Diabetes Mellitus & Coma

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(b) Chronic Suppurative Otitis Media
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22-, 1949, *to* 4-22-, 1949, *that I last saw the deceased alive on* 4-22-, 1949, *and that death occurred at* 7:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Brown, M.D.
23b. ADDRESS So Baltimore General Hospital
23c. DATE SIGNED 4-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/26/49
24c. NAME OF CEMETERY OR CREMATORY Balto
24d. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY APR 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

VS 150

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G737345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G737345

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gertrude Blouse

2. DATE OF DEATH: 4/22/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1733 Lamont Ave 9-9

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~ WIDOWED DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 16th, 1884
9. AGE (In years last birthday): 64
If Under 1 Year: Months 7 Days 16
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Blouse
14. MOTHER'S MAIDEN NAME: Susan McClelland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Irvin Zick ADDRESS: 425 Oak Hill Ave

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Cholecystitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949, *to* April 22, 1949, *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 6:50 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Patterson M. D.
23B. ADDRESS: 2324 Reisterstown Rd
23C. DATE SIGNED: April 23, 1949

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
24B. DATE: 4/25/49
24C. NAME OF CEMETERY OR CREMATORY: Mount Carmel Park
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

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673746 Diener

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 673746

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NORA J. DIENER

2. DATE OF DEATH: 4-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 12-6
D. STREET ADDRESS (If rural, give location): 2748 Maryland Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Dec 20th 1875
9. AGE (In years last birthday): 73
If Under 1 Year: Months 4 Days 4
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Siegel
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Theodore H. Diener
ADDRESS: 2748 Md. Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerosis C-V disease	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: 4-14-49
19B. MAJOR FINDINGS OF OPERATION: Popliteal embolism - right
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8 1949 *to* 4-24, 1949 *that I last saw the deceased alive on* 4-23 1949 *and that death occurred at* 905 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Alfred Gokenbeiner M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 4/25/49
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Richmond
24D. LOCATION (City, town, or county) (State): Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 127 St. Paul St.

VS 150

93D

7737:7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 3 1

G7737:7
Registered No.

1. NAME OF DECEASED (Type or Print): Mabel Irene Mc Dermott

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3012 W. North Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-6
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3012 W. North Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb, 17, 1885
9. AGE (In years last birthday): 64 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Redifer

14. MOTHER'S MAIDEN NAME: M. Shafer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: none

17. INFORMANT: Wm. Mc Dermott ADDRESS: 4002 Parkside Dr.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
(B) Hypertension — Unknown
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 18 years.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1946 *to* April 22 1949, *that I last saw the deceased alive on* April 22 1949, *and that death occurred at* 6 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr. Harry Eshman M. D.
23B. ADDRESS: 1921 W North Ave
23C. DATE SIGNED: 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: April 27, 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul Street

VS 150

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737-48

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 97 V. 0 G737-48

Registered No.

1. NAME OF DECEASED (Type or Print): MARGARET HUBER N-968

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2214 Sidney Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-33
D. STREET ADDRESS (If rural, give location): 2214 Sidney Ave., Westport

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White	Married	8-23-1924	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Maryland	USA

13. FATHER'S NAME: Howard Reinehart

14. MOTHER'S MAIDEN NAME: Marie (~~unknown~~) E. Voelker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Edward W. Huber Jr. ADDRESS: 2214 Sidney Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)

I (A) Asphyxiation due to illuminating gas

DUE TO

ANTECEDENT CAUSES

II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2214 Sidney Ave., Westport, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 22, 1949 ? m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Head in oven with gas on but unlit

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl L. Royer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 4-23-49

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/26/49	Glen Haven	A. A. Co. Md.

DATE RECEIVED BY REGISTRAR: APR 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 217 St. Paul St.

151

163H

3749

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G737749 Registered No.

1. NAME OF DECEASED (Type or Print): ANNIE ISABEL CUNNINGHAM

2. DATE OF DEATH: APRIL 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmhurst Nursing Home 1708 EUTAW PLACE

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 602 WINSTON AVE 27-10

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: APRIL 6 1866
9. AGE (In years last birthday): 83 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM W BAKER SR.
14. MOTHER'S MAIDEN NAME: MARTHA ANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS ELMER CUNNINGHAM ADDRESS: 602 WINSTON AVE

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) General Arteriosclerosis
DUE TO
(B) and Hypertensive Cardio vascular disease -
DUE TO
(C) senility

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13-49, 19__, to 4-21-49, 19__, that I last saw the deceased alive on 4-21-49, 1949, and that death occurred at 7 or P m., from the causes and on the date stated above.

23A. SIGNATURE: Anthony F. Carozza M. D.
23B. ADDRESS: 5217 York Rd
23C. DATE SIGNED: Apr 21 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 25 '49
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: HARRY N WEBER ADDRESS: 4111 EDMONDSON AVE

VS 150

937

G73750

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73750

1. NAME OF DECEASED (Type or Print) Francis A. Stricker

2. DATE OF DEATH April 22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 772 Edgewood St.

C. Length of stay in Baltimore Life — Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 772 Edgewood St. 16-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	W.	Single	July 25, 1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	Sign business	Balto. Md.	

13. FATHER'S NAME Francis A. Stricker

14. MOTHER'S MAIDEN NAME Sarah Jane Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212 07 1501	Julia Little, Niece	772 Edgewood St.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute severe gastric and intestinal hemmorrhage exact cause unknown — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 day

(B) chronic congestive heart failure — DUE TO — 2 mos.

(C) due to arteriosclerotic cardio vascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1949 to Apr. 22, 1949 that I last saw the deceased alive on Apr 22, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo. A. Kupp M. D.	3030 Belmont Ave.	Apr. 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/25/49	London Pk.,	3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-25-1949	Huntington Williams, M.D.	Harry H. Mitzel	4101 Edmondson Ave.

VS 150

939

737?1 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 93 G737751 Registered No.

1. NAME OF DECEASED (Type or Print) Mitchell Lee Strickland

2. DATE OF DEATH 4/22/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4143 AUDREY AVE

c. Length of stay in Baltimore: Yrs. Life / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4143 Audrey Avenue 25-4

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 7/6/1943 | 9. AGE (In years last birthday) 5 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph L. Strickland

14. MOTHER'S MAIDEN NAME Hazel B. Boney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Family - Same ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) brain tumor (glioma)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1949 *to* Apr 1949 *that I last saw the deceased alive on* 7/22/1949 *and that death occurred at* 11:45 *m. from the causes and on the date stated above.*

23A. SIGNATURE Chas. N. Kurtz M.D. | 23B. ADDRESS 302 Pentapoco Dr | 23C. DATE SIGNED 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4/25/49 | 24C. NAME OF CEMETERY OR CREMATORY Glen Haven | 24D. LOCATION (City, town, or county) Glen Burnie, Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949 | REGISTRAR'S SIGNATURE Hunter for Williams, M.D. | 25. FUNERAL DIRECTOR James L. McCrone | ADDRESS - 130 E. Fort Ave

VS 150

54a

37-32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G737532

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William J. Ford

2. DATE OF DEATH Apr. 22. 1949

3. PLACE OF DEATH: Baltimore City, Maryland 5331 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18
D. STREET ADDRESS (If rural, give location) 5331 Reisterstown Road

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3b. Length of stay in Baltimore 86 Yrs. Mos. Days

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec 23. 1862
9. AGE (In years last birthday) 86 If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cast iron worker
10b. KIND OF BUSINESS OR INDUSTRY Founder
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Ford
14. MOTHER'S MAIDEN NAME Mary Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT ADDRESS Mrs. Mary Ford - 5331 Reisterstown Rd.

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1945

DUE TO

(B) Chr. Interstitial Nephritis — 1945

DUE TO

(C) Arterio Sclerosis — 1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1 — 1947 *to* Apr 22, 1949 *that I last saw the deceased alive on* Apr 22, 1949, *and that death occurred at* 4.15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Paul Brown M. D.
23B. ADDRESS 1663 W. North Ave
23C. DATE SIGNED 4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/25/49
24C. NAME OF CEMETERY OR CREMATORY David Tucker Cem.
24D. LOCATION (City, town, or county) (State) Pikesville Md.

DATE RECEIVED BY REGISTRAR APR 25 1949
REGISTRAR'S SIGNATURE Thurlington Williams, M.D.
25. FUNERAL DIRECTOR W. J. Dickman & Sons
ADDRESS Bel Air Md.

VS 150

131a

737:53 Apr. 1 G737:53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5421 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr. Thomas R. Manakee

2. DATE OF DEATH April 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2535 St. Paul St.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2535 St. Paul St. 12-3

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 21, 1871

9. AGE (In years last birthday) 77 yrs. If under 1 year: Months Days. If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clarkesville, Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John L. Manakee

14. MOTHER'S MAIDEN NAME Margaret Bobbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO no

17. INFORMANT Mrs. Nancy P. Manakee ADDRESS 2535 St. Paul St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arter. Sclerosis Cerebral
DUE TO Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 12, 1949, *to* April 22nd, 1949, *that I last saw the deceased alive on* April 22nd 1949, *and that death occurred at* 7:45 m., *from the causes and on the date stated above.*

23A. SIGNATURE L. A. Bamford M. D.

23B. ADDRESS 3[illegible] Clement St.

23C. DATE SIGNED April 30 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/25/49

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) Balto., Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR 4-25-1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

VS 150

937

37:4

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6737:4

1. NAME OF DECEASED (Type or Print) IRVIN ROSS HOSKING

2. DATE OF DEATH April 22-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 4026 Fairfax Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life 70 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4026 Fairfax Road 15-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Aug 14-1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Candy Business	Baltimore Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hosking	Anna Whittmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	Mrs Katherine E. Hosking	4026 Fairfax Rd.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cerebral Hemorrhage and Paralysis	Feb 3/49
DUE TO (B)	Arterio Sclerosis -	?
DUE TO (C)	Myocarditis	about 2 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 3, 1949, *to* Apr 22, 1949, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wallace D. Hebbett M. D.	2220 Garrison Blvd	Apr 25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	April 25-49	London Park.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 25 1949	Washington Williams, M.D.	Geo. L. Beyer Jr.	1012 Hollins St.

VS 150

937

6737:55 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6737:55

1. NAME OF DECEASED (Type or Print): Celia Freedman

2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt Sinai Home

C. Length of stay in Baltimore: 45 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6834 Harford Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 65
If under 1 Year: Months, Days. If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sidney
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gertrude Freedman
ADDRESS: 6834 Harford Rd

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Hypertensive Vascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1949, to April 24, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE: H. V. Langsdorf, M.D.
23B. ADDRESS: 3600 Clark Heights Ave
23C. DATE SIGNED: April 24 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-25-49
24C. NAME OF CEMETERY OR CREMATORY: B'nai Israel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eastern Ave

VS 150

937

37-56

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420.1 G737:56 Registered No.

1. NAME OF DECEASED (Type or Print): CORDISH, ROSE

2. DATE OF DEATH: 4-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSP
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-1
D STREET ADDRESS (If rural, give location): 701 Lake Drive

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): M
8. DATE OF BIRTH:
9. AGE (In years last birthday) 64 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lith
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Coopere
14. MOTHER'S MAIDEN NAME: Pesa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Louis Cordish ADDRESS: 701 Lake Drive

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, LAST.
(B) HCVD, Arter D
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4/20/49

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22 - 49 *to* April 24 - 49, *that I last saw the deceased alive on* 24 April 49, *and that death occurred at* 5:20 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lester Sterling M.D.
23B. ADDRESS: [illegible] Forest Md.
23C. DATE SIGNED: 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-25-49
24C. NAME OF CEMETERY OR CREMATORY: Sherrar Tfiloh
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levenske ADDRESS: 2100 Eutaw Pl

VS 150

93D

G737:57

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57 Registered No. G737:57

1. NAME OF DECEASED (Type or Print) Stanislaw Bolewicki

2 DATE OF DEATH april 23-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 2029 Eastern ave

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 1-1
D STREET ADDRESS (If rural, give location) 920 S. Ellwood Ave

5. SEX Male
6 COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Widowed
8 DATE OF BIRTH Not Known
9 AGE (In years last birthday) about 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10B KIND OF BUSINESS OR INDUSTRY Canton Lumber
11 BIRTHPLACE (State or foreign country) Poland
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Bolewicki
14 MOTHER'S MAIDEN NAME Constance Andzejewska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO 220-03-6116
17 INFORMANT Marie Bolewicki ADDRESS 920 S Ellwood Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Lung
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH 9 mo.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/10/ 1948 *to* 4/23/ 49, *that I last saw the deceased alive on* 4/23/ 49, *and that death occurred at* 1230 *p.m., from the causes and on the date stated above.*

23A SIGNATURE Michael F. Kleszewski M. D.
23B ADDRESS 1016 S. Eaton Ave
23C DATE SIGNED 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 26-1949
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus
24D LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY REGISTRAR APR 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave

VS 150

469

6737:38

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6737:38

1. NAME OF DECEASED (Type or Print): Mr. William Riley Olver

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 806 S. Robinson Street

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 22, 1894

9. AGE (In years last birthday): 54 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Unemployed at present

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HUNTER OLVER

14. MOTHER'S MAIDEN NAME: ANNA HANNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO: ?

17. INFORMANT: AGNES OLVER — ADDRESS: SAME

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) massive gastric hemorrhage

DUE TO

(B) Bleeding gastric ulcer.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22/ , 1949 *to* 4/22/ , 1949 *that I last saw the deceased alive on* 4/22/ 1949 *and that death occurred at* 6:30 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: William A. Roelsen M. D.

23B. ADDRESS: 1400 N. Caroline Street

23C. DATE SIGNED: 4/22/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 4/26/49

24C. NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY REGISTRAR: APR 29 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc

ADDRESS: 4035 S. Wolfe

VS 150

117a

G737:9

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 776

Registered No. G737:9

1. NAME OF DECEASED (Type or Print): Baby Boy Colson

2. DATE OF DEATH: Apr. 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 2 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodbine
D. STREET ADDRESS (If rural, give location)

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4-22-49
9. AGE (In years last birthday) | If Under 1 Year: Months / Days: 2 | If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Colson
14. MOTHER'S MAIDEN NAME: Pauline ? Duvall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22-, 1949, *to* 4-24, 1949, *that I last saw the deceased alive on* 4-24, 1949, *and that death occurred at* 11 30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Milton Markowitz MD M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-25-1949
24C. NAME OF CEMETERY OR CREMATORY: Morgan Chapel
24D. LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: C. M. Waltz ADDRESS: Winfield. Md.

VS 150

159

Friday - 4/29/49

37000 Harbold

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 4 0 G737c0 Registered No.

1. NAME OF DECEASED (Type or Print) RACHAEL PIRRERA	2. DATE OF DEATH APR. 24, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Falldown-Hill Nursing Home 5440 Belair Road c. Length of stay in Baltimore 1 Yrs. Mos. Days	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore E-3 D. STREET ADDRESS (If rural, give location) 205 N. Patterson Park Avenue
5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 15, 1869 9. AGE (In years last birthday) 79 If under 1 Year: Months Days If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Pietro Alloro	14. MOTHER'S MAIDEN NAME Giovanna Rambella
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO.	17. INFORMANT Charles Pirrera, ADDRESS 607 N. Luzerne St.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO
(B) Chronic Hepatitis — ?
DUE TO
(C) Falldown stairs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Frac. Left clavicle

AUTOPSY APPROVED BY: Earl L. Power M. D. CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) accident	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 205 N. Patterson Park Avenue 6/3	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 3 49 m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR? Fall Down steps (stairsteps)	

22. *I hereby certify that I attended the deceased from* April 10, 1949, *to* April 24, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE A. L. Harbold M. D.	23B. ADDRESS 4706 Harford Road	23C. DATE SIGNED 4/25/49
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-27-49	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949	REGISTRAR'S SIGNATURE Hunter Van Williams, M.D.	25. FUNERAL DIRECTOR Leonard J. Ruck, ADDRESS 5305 Harford Road.

VS 150

186a

Dr. Heilmeier
122 N. Kenwood

G7357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No. G73701

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDNA M. LARDUSKEY

2. DATE OF DEATH: Aprl, 23, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2803 Kildaire Drive

b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2803 Kildaire Drive 27-7

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 26, 1893
9. AGE (In years last birthday): 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis Chaillou

14. MOTHER'S MAIDEN NAME: Helen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Wm. T. Larduskey
ADDRESS: 2803 Kildaire Dr.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage - Paralysis - left side
DUE TO
(B) Arterial Hypertension - Arteriosclerosis
DUE TO
(C) Arterio - Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 4/20/49 and 4/23/49

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949 *to* April 23, 1949, *that I last saw the deceased alive on* April 22, 1949, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis E. Heilmeier M. D.
23B. ADDRESS: 722 So. Kenwood Ave
23C. DATE SIGNED: 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-26,49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

24E. RECEIVED BY REGISTRAR:
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5303 Harford Rd.

VS 150

83a

G737c2

BIRTH NO. EARL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 Registered No. G737c2

1. NAME OF DECEASED (Type or Print) Ernest Wood

2. DATE OF DEATH 4-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3330 Chestnut ave 12-6

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	S	June 26 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit Co

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Holmes T. Wood

14. MOTHER'S MAIDEN NAME Fanny C. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-0139

17. INFORMANT Herbert A. Smith ADDRESS 4407 Falls Road

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis probably originating in Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 1-22-49

19B. MAJOR FINDINGS OF OPERATION Metastatic Carcinomatosis. Sigmoidectomy.

20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 1949, to April 22, 1949, *that I last saw the deceased alive on* April 22, 1949, *and that death occurred at* 7 45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE John M Buchanan, M.D.

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 25 1949

24C. NAME OF CEMETERY OR CREMATORY Druid Ridge

24D. LOCATION (City, Town, or County) (State) Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR 4 25 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road

VS 150

46E

3763 ARTHUR F. JONES, SR. 673763

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673763

1. NAME OF DECEASED (Type or Print) Arthur F. Jones, Sr.

2. DATE OF DEATH April 22, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 53 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3926 Elm Ave. 13-7

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-12-95
9. AGE (In years last birthday) 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk Salesman
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward S. Jones
14. MOTHER'S MAIDEN NAME Mary F. Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-10-2601
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis
DUE TO
(B) Bladder tumor
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION Bladder tumor + Carcinomatosis
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1949 *to* 4-22, 1949 *that I last saw the deceased alive on* 4-22, 1949, *and that death occurred at* 8 25 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE R. A. Kelly M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED April 22 '49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 25-1949
24C. NAME OF CEMETERY OR CREMATORY Woodlawn
24D. LOCATION (City, town, or county) (State) Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949
REGISTRAR'S SIGNATURE by Williams, M.D.
25. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road

VS 150

52B

7237.4

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 974.7 G7237.4

Registered No. N-991

1. NAME OF DECEASED (Type or Print): Edward Owen Muhles, Sr.

2. DATE OF DEATH: April 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3516 Oakmont Avenue 27-18

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	November 5, 1901	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Power House Operator	Gas & Electric Co.	Baltimore, Maryland	U S A

13. FATHER'S NAME: Frank Muhles

14 MOTHER'S MAIDEN NAME: Florence Farree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No	212-05-4099	Miss Audrey Mae Muhles	3516 Oakmont Ave.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Strangulation

DUE TO

(B) Evisceration of abdomen.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Mental Depression

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Calvert & 33rd St. ~~Union Memorial Hospital~~

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~April 24, 1949 10 P~~

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F HOW DID INJURY OCCUR? Bathrobe cord around neck Jumped from 4th floor window

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Emil H. Pryer M.D

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 2 + May 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	April 27, 1949	Druid Ridge	Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 25 1949	Huntington Williams, M.D.	Burgee Funeral Home	3631 Falls Road

151

164E

Sledz

37-65

BALTIMORE CITY HEALTH DEPARTMENT 59 G737-65

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Helen Sledz

2. DATE OF DEATH April 23/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1628 Clement St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE
b. COUNTY
1628 Clement St
c. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Baltimore
d. STREET ADDRESS (If rural give location)
1628 Clement St 24-1

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Unk

9. AGE (In years last birthday) 62 Under 1 Year: Months, Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Krasniewski

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Mary Grabzycki ADDRESS 1628 Clement

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH
I.	ANTECEDENT CAUSES	Uremia	Days
(A)		Bronco Pneumonia	2d
(B)	DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	due to Arteriosclerosis Nephritis	5mo
II.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Carcinoma Sigmoid	7mo

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (Give Baltimore City, Maryland location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23 1949 to April 23 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE F F Stevens M.D.

23B. ADDRESS 2518 Harford

23C. DATE SIGNED 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE April 26 49

24C. NAME OF CEMETERY OR CREMATORY Holy Rosary

24D. LOCATION (City, Town or County) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Fred W Ozga 1930 Eastern Ave 46E

VS 150

73766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0 G73766 Registered No.

1. NAME OF DECEASED (Type or Print): MARTIN KILEY

2. DATE OF DEATH: 23 APRIL 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 812 So. Port st

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12 FEB 1889
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: THOMAS KILEY
14. MOTHER'S MAIDEN NAME: MARTHA CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 215-05-4109
17. INFORMANT: Mrs Pauline Kiley — ADDRESS: 812 Port st

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) PORTAL CIRRHOSIS WITH HEPATIC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: Symptoms 4 months ??

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 FEB 1949 to 23 APRIL 1949 that I last saw the deceased alive on 23 APRIL 1949 and that death occurred at 3.35 p m., from the causes and on the date stated above.

23A. SIGNATURE: Donald F. England M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 23 APR 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-27-49
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS
24D. LOCATION (City, town, or county) (State): BROOKLYN Md

DATE RECEIVED BY REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George A Weber — ADDRESS: 705 S. Ann st

VS 150

1240

17737.7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 17737.7

1. NAME OF DECEASED (Type or Print): Maggie E. Farrar

2 DATE OF DEATH: 4/23/49

3 PLACE OF DEATH: a Baltimore City, Maryland; b Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a STATE Maryland; b COUNTY; c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp

D STREET ADDRESS (If rural, give location): 4431 Old Frederick Rd # 29

e. Length of stay in Baltimore: 50 Years (Yrs. / Mos. / Days)

6. SEX: F | 6 COLOR OR RACE: W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8 DATE OF BIRTH: Sept. 9, 1875 | 9 AGE (In years last birthday): 73 | If Under 1 Year: Months / Days | If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Va (Albemarle County)

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Tyler Mallony

14 MOTHER'S MAIDEN NAME: Susan Frances Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (yes, no or unknown):

16 SOCIAL SECURITY NO:

17 INFORMANT: Mrs Clarence Granger (Daughter) ADDRESS same

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(B) Arterio sclerotic cardio-vascular disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? yes ☐ no ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. / p.m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22/49, 19, *to* 4/23, 1949, *that I last saw the deceased alive on* 4/23, 19 49 *and that death occurred at* 6 55 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lida C. Brown M.D. | 23B ADDRESS: W. Balto Gen'l Hosp | 23C DATE SIGNED: 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B DATE: 4/26/49 | 24C NAME OF CEMETERY OR CREMATORY: Western Cem. | 24D LOCATION (City, Town, or County) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md.

VS 150

937

7378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7378

1. NAME OF DECEASED (Type or Print): Caufield Hutson
2. DATE OF DEATH: 4-24-49
3. PLACE OF DEATH: Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   a. STATE: Maryland
   b. COUNTY: Allegany
   c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Cumberland
   d. STREET ADDRESS (If rural, give location): Fort Cumberland Hotel
   e. Length of stay in Baltimore: Yrs. Mos. Days
   f. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-31-96
9. AGE (In years last birthday): 52 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspect. Spinning Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp. of Am.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Frank Devecmon Hutson
14. MOTHER'S MAIDEN NAME: Elizabeth Caufield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 214-07-6206
17. INFORMANT: Mrs. Bessie Hutson ADDRESS: Lombardy Apts. - Frank Run Dale

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Sub arachnoid Hemorrhage	
DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	Hypertension	
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 19, to 4-24, 1949, that I last saw the deceased alive on 4-23, 1949, and that death occurred at 7.38 A m., from the causes and on the date stated above.

23a. SIGNATURE: James Harvey Wade M.D.
23b. ADDRESS: Union Mem. Hosp.
23c. DATE SIGNED: 4-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/49
24c. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
24d. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

83a

673769

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 673769

1. NAME OF DECEASED (Type or Print) GRACE E. HENDRICKS

2. DATE OF DEATH APRIL 22 49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1123 BATTERY AVE.

c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
1123 BATTERY AVE.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD
D. STREET ADDRESS (If rural, give location) 24-2

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 24 1874

9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTO MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN A. JONES

14. MOTHER'S MAIDEN NAME: EMMA JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: NONE

17. INFORMANT: MORRIS HENDRICKS — ADDRESS: 814 PARK AVE.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis (non Rheumatic) — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B) Arterio Sclerosis — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Severe Hemorrhoids

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1949 *to* April 22, 1949, *that I last saw the deceased alive on* April 21, 1949, *and that death occurred at* 7 - A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: James E. Peterman M.D.

23B. ADDRESS: 1226 Hanover St

23C. DATE SIGNED: April 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: APRIL 25/49

24C. NAME OF CEMETERY OR CREMATORY: CEDAR HILL

24D. LOCATION (City, town, or county) (State): RITCHIE HIGHWAY

DATE RECEIVED BY REGISTRAR: APR 26 1949

REGISTRAR'S SIGNATURE: Territorial Registrar, Md.

25. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME — ADDRESS: 1216 S. CHARLES ST.

VS 150

G737.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4720

G737.0

1. NAME OF DECEASED (Type or Print) Charles H. Cox

2. DATE OF DEATH 4-22-1949

3. PLACE OF DEATH: Baltimore City, Maryland 818 N. Caroline

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN Baltimore 10-2
D. STREET ADDRESS (If rural, give location) 818 N. Caroline St

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore Yrs. Mos. Days

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 8-16-1871

9. AGE (In years last birthday) 77 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman

10B. KIND OF BUSINESS OR INDUSTRY Garage

11. BIRTHPLACE (State or foreign country) Baltimore MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 216-24-0054

17. INFORMANT Gertrude Johnson ADDRESS 818 N. Caroline

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arterio-sclerotic cardiac disease — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/12 1949 *to* 4/22 1949, *that I last saw the deceased alive on* 4/22 1949 *and that death occurred at* 12 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE

23B. ADDRESS WARNER BROWNE M.D. 1500 EAST MONUMENT ST. BALTIMORE 5, MD

23C. DATE SIGNED 4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home 631 Druid Hill Ave

VS 150

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G737.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4rr 1

G737.1 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA MC DONALD

2 DATE OF DEATH 4-22-49

3. PLACE OF DEATH: a. Baltimore City, Maryland West Balto. Genl Hosp.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Balto. General Hosp

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 7
d. STREET ADDRESS (If rural, give location) 315 N. Monastery Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Abandoned	2-26-1890	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Unemployed	BALTO MD	Yes

13. FATHER'S NAME Charles Lisby

14 MOTHER'S MAIDEN NAME Mary Catherine Emerick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Mrs. Andrew McDonald	315 Monastery Ave

16. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pneumonia + Cardiac Failure	Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Arteriosclerotic Cardio-Vascular Disease	Unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1949 *to* 4-22, 1949 *that I last saw the deceased alive on* 4-22, 1949 *and that death occurred at* 325 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Lida C Brown M.D.	W. Balto. Genl Hosp	4-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-26-49	Holy Cross Cem	Annapolis Rd, Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-25-1949	Huntington Williams, MD	Chas. Ford, Sr.	E Fort Ave

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931

G73772 ✓ 5-1 G73772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4-20-0

Registered No. G 73772

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William French

2. DATE OF DEATH April 23, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 605 N. Central Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 605 N. Central Ave.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 4, 1890
9. AGE (In years last birthday): 59 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William French
14. MOTHER'S MAIDEN NAME: Elizabeth Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): yes — World War I
16. SOCIAL SECURITY NO:
17. INFORMANT: Maggie French ADDRESS: 605 N. Central Av

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc.) It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Arteriosclerotic Heart Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15/49, 19__, *to* 4/23/49, 19__, *that I last saw the deceased alive on* 4/22/49, 19__, *and that death occurred at* 7:45 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ronald Bamberger M. D.
23B. ADDRESS: 501 Cherry Hill Road
23C. DATE SIGNED: 4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/27/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Nat. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4/25/49
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60

G73773

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Marie Fox

2. DATE OF DEATH: 4/22/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 537 N. Central Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 20 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 537 N. Cetral Ave

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/29/1905

9. AGE (In years last birthday): 43

If Under 1 Year: Months, Days

If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Norfolk Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Williams Stubbs

14. MOTHER'S MAIDEN NAME: Daisy Purnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Westly Fox 537 N. Centeral Ave — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO: Pulmonary Tuberculosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11, 1949, *to* 4/24, 1949, *that I last saw the deceased alive on* 4/24, 1949, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Elmer A. Lefford M. D.

23B. ADDRESS: 822 N. Broadway

23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/25/1949

24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cemetary

24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Elroy O. Wilson 1000 Brantly Ave.

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G737.4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G737.4

BIRTH NO. B.L. 49-08027

1. NAME OF DECEASED (Type or Print) DIANA Lynn Folger

2. DATE OF DEATH April 22, 49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12
D. STREET ADDRESS (If rural, give location) 3532 Park Heights Ave

5. SEX Girl

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH April 22, 49

9. AGE (In years last birthday) — If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. 1 27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Balt. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edmond Clark Folger Jr.

14. MOTHER'S MAIDEN NAME Jane Elizabeth Gribben

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO None

17 INFORMANT ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Premature Death

DUE TO

(B) Premature Sep. of Placenta.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION None

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Kirk Moore M. D.

23B. ADDRESS Church Home & Hospital.

23C. DATE SIGNED 4/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24B. DATE 4/25/49

24C. NAME OF CEMETERY OR CREMATORY Moreland Memo.

24D LOCATION (City, town, or county) (State) Parkville, Balto. Co.

25 FUNERAL DIRECTOR C. V. Lemmon

ADDRESS 4611 Pk Hts.

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

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G737?5

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. G737?5

1. NAME OF DECEASED (Type or Print): JAMES H. JACKSON

2 DATE OF DEATH: 4-22-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 700 George St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 35 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 1. MO. 17-3
D. STREET ADDRESS (If rural, give location): 700 George STREET

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3-17-1891
9. AGE (In years last birthday): 58 — If under 1 year: Months 1, Days 6 — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: CONTINENTAL O.I
11. BIRTHPLACE (State or foreign country): PROVIDENCE, R.I.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 213-05-3954
17. INFORMANT: HELEN ADAMS — ADDRESS: 624 N. ARLINGTON

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: one day

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22 *, 19*49*, to* 4/23 *, 19*49*, that I last saw the deceased alive on* 4/23 *, 19*49*, and that death occurred* 3:50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 2313 Eutaw St
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 4-27-49
24C. NAME OF CEMETERY OR CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTIMORE 30

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: W. A. JACKSON — ADDRESS: 916 PENNA. AVE

VS 150

832

7737/6 CERTIFICATE CORRECTED 4-29-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Apr. 1 G737/6

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Catherine A. Pender

2. DATE OF DEATH 4/25/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 935 W. Lombard St.

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-2
D. STREET ADDRESS (If rural, give location) 935 W. Lombard St.

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov 6th 1880 (1870)

9. AGE (In years last birthday) (53) 68

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10B. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas F. Pender

14. MOTHER'S MAIDEN NAME Ellen T. Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ✓ (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. ✓

17. INFORMANT Miss Margaret J. Pender ADDRESS 935 W. Lombard St

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V.D. DUE TO several years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hr.) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 1948, *to* April 25, 1949, *that I last saw the deceased alive on* April 25, 1949, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23A. SIGNATURE G. Highstein M.D.

23B. ADDRESS 888 W. Lombard St

23C. DATE SIGNED 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/28/49

24C. NAME OF CEMETERY OR CREMATORY St Peters Cem.

24D. LOCATION (City, town, or county) (State) 1300 Moreland Ave

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949

REGISTRAR'S SIGNATURE Turlington Williams M.D.

25. FUNERAL DIRECTOR John J. Bowan & Son ADDRESS 901 Collins St

VS 150

93D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161 Registered No. G737.47

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERMAN ROSCOE STANLEY

2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital Wyman Pk. Drive & 31st St. Balto, Md.

Length of stay in Baltimore: 165 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Ky.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hitchins
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/27/02
9. AGE (In years last birthday): 46 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ruth, Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bill Stanley
14. MOTHER'S MAIDEN NAME: Avie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 401-01-7615
17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS:

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) 1- Carcinoma of larynx (total laryngectomy 4/5/48)	Unknown
DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) 2- Acute purulent bilateral lobular pneumonia	Unknown
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: 4/8/48
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of larynx
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hr.) (Min.) OF INJURY:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1948 *to* Apr. 24, 1949, *that I last saw the deceased alive on* Apr. 24, 49, *and that death occurred at* 10:18 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson M.D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/25/49
24C. NAME OF CEMETERY OR CREMATORY: Bowling
24D. LOCATION (City, town, or county) (State): Hitchins Ky.

DATE RECEIVED BY LOCAL REGISTRAR: 4/25/49
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Bro. ADDRESS: 1217 E. Pratt St.

VS 150

47a

G737.8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

41.0

G737.8

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Talmadge Kennedy

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. MARINE HOSPITAL

C. Length of stay in Baltimore: unknown (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: -
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-1
D. STREET ADDRESS (If rural, give location): 827 W. Mulberry St, Balto, Md.

5. SEX: m
6. COLOR OR RACE: c
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 13,1897?
9. AGE (In years last birthday): 52 ? (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ennneyson, Kennedy
14. MOTHER'S MAIDEN NAME: Ella Lucinda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): yes WW I
16. SOCIAL SECURITY NO.
17. INFORMANT: Records, U. S. Marine Hospital, Balto — ADDRESS

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastrojejunostomy and partial gastric resection for treatment of bleeding duodenal ulcer (April 14, 1949) — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

(B) Peritonitis — Less than 5 days

~~DUE TO~~

(C) Uremia — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4, 1949, *to* April 22, 1949, *that I last saw the deceased alive on* April 22, 1949, *and that death occurred at* 9:16a m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Wilson Sr. Surg. M. D.
23B. ADDRESS: U. S. MARINE HOSPITAL, Balto, Md.
23C. DATE SIGNED: Apr. 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-28-49
24C. NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

1176

G7377 9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

446

G7377 9

Registered No.

DEATH NO.

1. NAME OF DECEASED (Type or Print): Herman Cornish

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1315 E. Biddle St.

3c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1315 E. Biddle St. 10-1

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 25, 1893
9. AGE (In years last birthday): 55
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cambridge Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Cornish
14. MOTHER'S MAIDEN NAME: Alverta Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service): W. War I
16. SOCIAL SECURITY NO:
17. INFORMANT: Edith Chatman ADDRESS: 2199 Center St.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension, nephrosclerosis — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 April 19 49 *to* 22 April 19 49, *that I last saw the deceased alive on* 22 April 19 49, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: G. C. Burwell M.D.
23B. ADDRESS: 121 Aisquith St
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-26-1949
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Thurston Tate Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams ADDRESS: 822 W. Lafayette St.

VS 150

131a

G73780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 Registered No. G73780

1. NAME OF DECEASED (Type or Print) Freida Borman

2. DATE OF DEATH 4/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp.
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Dundalk
D. STREET ADDRESS (If rural, give location) 1922 Augusta Avenue

5. SEX Female
6. COLOR or RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4/23/49
9. AGE (In years last birthday) 59 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Europe
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Pink
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Pancreatitis	9 days
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Chronic Cholecystitis	8 Years
	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION 4/23/49
19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4/17 *, 1949 to* 4/23 *, 1949, that I last saw the deceased alive on* 4/23 *, 1949, and that death occurred at* 10 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE John M. Blessman Jr M. D.
23B. ADDRESS 1213 Light St. 30
23C. DATE SIGNED 4/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 26/49
24C. NAME OF CEMETERY OR CREMATORY Maryland Mem
24D. LOCATION (City, town, or county) (State) Balto Co

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Welsh Funeral Home ADDRESS 2048 Orleans

VS 150

128

73781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150.0

G73781 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margeret (Maggie) Wassman

2. DATE OF DEATH: April 23, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 N. Port St.,

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE: Maryland; b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; d. STREET ADDRESS (If rural, give location): 106 N. Port St. 6-2

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1885

9. AGE (In years last birthday): 63

If Under 1 Year: Months 8, Days 24

If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Ross

14. MOTHER'S MAIDEN NAME: Mary Bittner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO

17. INFORMANT: John Wassman-106 N. Port St.,

ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROSIS GENERALIZED — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C) CEREBRAL HEMORRHAGE — 4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) Hour OF INJURY — m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Benjamin Hyslop M. D.

23b. ADDRESS: 121 S. HIGHLAND AVE.

23c. DATE SIGNED: 4/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 26, 1949

24c. NAME OF CEMETERY OR CREMATORY: St. Matthew's

24d. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949

REGISTRAR'S SIGNATURE: Timothy Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home, 2008 Orleans St.,

VS 150

83a

G73782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154

Registered No. G73782

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LEONARD F. BACK

2. DATE OF DEATH: 4/24/49

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: 58 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1503 North Patterson Park Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M, 2 Wives
8. DATE OF BIRTH: June 28, 1891
9. AGE (In years last birthday): 58
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boatman
10B. KIND OF BUSINESS OR INDUSTRY: Ferry RR.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam J.
14. MOTHER'S MAIDEN NAME: Elizabeth Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-6684
17. INFORMANT: Ellen C. Back
ADDRESS: 1503 N. Patterson Park Ave

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Possible Pulmonic Embolism
DUE TO
(B) Post Operative Phlebothrombosis
DUE TO
(C) Arteriosclerotic C-V-Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Adeno Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-19-49
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum - Grade III
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. (illegible)
PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1949 *to* 4-24, 1949, *that I last saw the deceased alive on* 4-23, 1949, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. A. Rodriguez, M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-27-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John C. Miller Inc
ADDRESS: 2735 E. Oliver St.

VS 150

E. A. Rodriguez, M.D.

46 D

G73783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

174 Registered No. G73783

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MISS MARY HARRIS

2. DATE OF DEATH: APRIL 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BON SECOURS HOSPITAL

c. Length of stay in Baltimore: Yrs. 45 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-27
D. STREET ADDRESS (If rural, give location): 3306 N. HILTON ST.

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 5/10/03

9. AGE (In years last birthday): 45
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Harris

14. MOTHER'S MAIDEN NAME: Catherine Heffner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Wm. Mercker ADDRESS: 3306 N. Hilton St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMATOSIS GENERALIZED

DUE TO

ANTECEDENT CAUSES

(B) UTERINE CARCINOMA.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hr.) (Min.):

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* April 25, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* 3:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul C. Fragniere M. D.

23B. ADDRESS: Bon Secours Hosp.

23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4-28-49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: George A. Jolley ADDRESS: Fulton and Lafayette Ave.

48B

3784 ✓ X 400 G73784

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73784

1. NAME OF DECEASED (Type or Print): Shirley Jean Burrows — 2. DATE OF DEATH: Apr. 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md — B. COUNTY St Marys — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Loveyville — D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White		6-11-48		10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: John Burrows — 14. MOTHER'S MAIDEN NAME: Bessie Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
				JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MENINGITIS, H. INFLUENZA B — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/24, 1949, *to* 4/25, 1949 *that I last saw the deceased alive on* 4/25, 1949, *and that death occurred at* 2 a.m. p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul Gilheany M. D.	JOHNS HOPKINS HOSPITAL	4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 26 1949	St. Johns	Hollywood Md.

TYPE RECEIVED BY	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Clayton Williams, M.D.	W. A. Scattingley Sons	Leonardtown Md.

VS 150

81a

CERTIFICATE CORRECTED 4-26-49 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37755 BIRTH NO. B.C. G. 15412 401 3 G73785 Registered No.

1. NAME OF DECEASED (Type or Print): Carol Lynn Simmons
2. DATE OF DEATH: April 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Grl Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 4016 Sharon Ave 28-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Single	Dec 23rd 1944	H	4 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Simmons
14. MOTHER'S MAIDEN NAME: Ruth E. Malone ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Chas. E. Simmons ADDRESS: 4316 Sharon Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute rheumatic fever	
	DUE TO Acute pancarditis	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/16 1949 *to* 4/23 1949, *that I last saw the deceased alive on* 4-23 1949 *and that death occurred at* 8.40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Fischer M.D.
23B. ADDRESS: West Baltimore Geri. Hosp
23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/27/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town or county) (State): Woodlawn Md.

DATE RECEIVED BY REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: 217 St. Paul St.

VS 150

58D

G73786

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 Registered No. G73786

1. NAME OF DECEASED (Type or Print) Alberta Sapp

2. DATE OF DEATH 4/23/49 11 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1710 Webster St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1710 Webster St. 24-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Aug 12th 1888	60	8	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	At Home	Balto. Md.	

13. FATHER'S NAME Basil McKnew

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Joseph A. Sapp	1710 Webster St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Caecum and ascending colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 4 mos

DUE TO

(B)

DUE TO

(C) Coronary Heart disease — one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1948	Carcinoma of Caecum and Ascending Colon	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1948 *to* April 24, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Isaac Dubbin MD M. D.	1221 S Broadway St	4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/28/49	U.S. National	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Huntington Williams, M.D.	Wm Cook Inc.	217 St. Paul St.

VS 150

46E

BIRTH NO. 33787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9720 Registered No. 33787

1. NAME OF DECEASED (Type or Print): EMORY K. STAINS — N-968

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3819 Pleasant Place 12-7

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 9/20/1847
9. AGE (In years last birthday): 51 — If Under 1 Year: Months 10, Days 4 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Wolf & Mann
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Howard H. Staines
14. MOTHER'S MAIDEN NAME: Blanche Alverda Halbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO: 216-05-2100
17. INFORMANT: Emory H. Staines — ADDRESS: 3817 Pleasant Place

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation due to illuminating gas
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3819 Pleasant Place 12/7
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: April 25, 1949 ? a.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Hose attached to special connection leading from side-arm hot water heater

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: George H. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: April 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/27/49
24C. NAME OF CEMETERY OR CREMATORY: U. S. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

151

163H

73788

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7544 G73788

Registered No.

1. NAME OF DECEASED (Type or Print): Gail Ruth Sokolove

2. DATE OF DEATH: Apr. 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Caidiac clinic
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Mass.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mattapan
D. STREET ADDRESS (If rural, give location): 67 W. Selden st

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 6 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Sokolove
14. MOTHER'S MAIDEN NAME: Celia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease (Cyanotic Type)

DUE TO

(B) anoxemia

DUE TO

(C) Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25 1949, *to* 4/25, 1949 *that I last saw the deceased alive on* 4/25, 1949, *and that death occurred at* 1-00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Helen B Taussig M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: April 26 49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Boston Mass

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewoske
ADDRESS: 2100 Eutaw Pl

VS 150

157E

3789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 75 G73789 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARA JANE IGO

2 DATE OF DEATH 4-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-5
D. STREET ADDRESS (If rural, give location) 1615 N. ST. PAUL ST.

c. Length of stay in Baltimore (Yrs. / Mos. / Days) 5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	SINGLE	3-27-93	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		MD.	USA

13. FATHER'S NAME MICHAEL IGO

14 MOTHER'S MAIDEN NAME MARY ELLEN CROSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		PATIENT	1615 ST. PAUL ST.

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) GENERAL CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: over 3 months over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-27, 1949 to 4-24, 1949 *that I last saw the deceased alive on* 4-23, 1949 *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
J. Joseph Kupa M. D.	1400 N. Caroline St	4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR	ADDRESS
Burial	4/27/49	New Cathedral	Baltimore, Md.	H. W. Mears and Son	505 N. Calvert St.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

VS 150

49a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8790 BIRTH NO. 35 3 3 Registered No. 6733750

1. NAME OF DECEASED (Type or Print): EVELYN SHELTON

2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1218 Shellbank Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1218 Shellbank Road 25-02

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 9 1923
9. AGE (In years last birthday): 25 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Scott
14. MOTHER'S MAIDEN NAME: Della Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lorraine Shelton ADDRESS: 1218 Shellbank Rd

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Epilepsy	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 27 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. County Md
DATE RECEIVED BY REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. H. A. Elliott ADDRESS: 2297 N. Carey St

151

85

3791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73791

Registered No.

1. NAME OF DECEASED (Type or Print): Joseph J. Pansuska

2. DATE OF DEATH: April 23rd 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland — b. 2310 E. Lafayette Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Md; b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS (If rural, give location) 2310 E. Lafayette Ave

e. Length of stay in Baltimore: Yrs. Life; Mos.; Days

6. SEX: Male — 7. COLOR OR RACE: White — 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Mar 29th 1878 — 9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor — 10B. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Pansuska — 14. MOTHER'S MAIDEN NAME: Barbara Vanicek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 215-09-2981B — 17. INFORMANT: Mrs Stella Pansuska — ADDRESS: 2310 E Lafayette Ave

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Uremia Apr 20	1949
DUE TO (B)	Myocarditis	1942
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 20, 1949 *to* Apr 23, 1949 *that I last saw the deceased alive on* Apr 23, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Abram L Kirshbaum M.D. — 23B. ADDRESS: 3926 Bank St — 23C. DATE SIGNED: Apr 25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: April 27 1949 — 24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer — 24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR: Lee H Leach — ADDRESS: 1701-05 Pattenson Park Ave

VS 150

93E

3792
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Reg. 1 G737792
Registered No.

1. NAME OF DECEASED (Type or Print): JUNIUS M. BANKS

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4411 Park Heights Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4411 Park Heights Ave.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22, 1880
9. AGE (In years last birthday): 68 — If Under 1 Year: Months 10, Days 20 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind): Contractor
10B. KIND OF BUSINESS OR INDUSTRY: General Contracting
11. BIRTHPLACE (State or foreign country): Essex Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Cora L. Banks — ADDRESS: 4411 Pk. Hgts. Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4/16/49
DUE TO
(B) Arteriosclerosis — ?
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1949 to April 22, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 9.25 P m., from the causes and on the date stated above.

23A. SIGNATURE: Alan D. Bubert, M. D.
23B. ADDRESS: 4605 Park Heights Ave
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/26/1949
24C. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave.

VS 150

94a

7793 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 77 — Registered No. G737793

1. NAME OF DECEASED (Type or Print): Samuel S. Wilson

2. DATE OF DEATH: 4/24/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1010 Peach Street
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, [illegible] before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1010 Peach Street

e. Length of stay in Baltimore: Life (Yrs. Mos. Days)

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/12/
9. AGE (In years. If under 1 year, last birthday. If under 1 day, Years Months Days Hours Min.): 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Moving
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Wilson
14. MOTHER'S MAIDEN NAME: Susie Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Bertha Patterson — ADDRESS: 44 Churchill St

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
DUE TO
(B) Atrophic Arthritis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. [illegible] 1947 to April 24th 1949 that I last saw the deceased April [illegible], 1949, that death occurred at [illegible] m., from the causes and on the date stated above.

23A. SIGNATURE: D. Lincoln Shelton M.D.
23B. ADDRESS: 708 E. Eager St.
23C. DATE SIGNED: 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4
24C. NAME OF CEMETERY OR CREMATORY: Mount Calvary Ct
24D. LOCATION (City, town, or county): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: D.L. Brown & Son — ADDRESS: 109 W. Montgomery St

VS 150

92c

G73794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73794 Registered No.

1. NAME OF DECEASED (Type or Print) Florence Faggis

2. DATE OF DEATH 4/25/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-7
D. STREET ADDRESS (If rural, give location) 19 N. Kossuth St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/19/1913
9. AGE (In years last birthday): 35
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John McGuffin
14. MOTHER'S MAIDEN NAME: Margaret Lalotta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Resp. Failure — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Spontaneous Pneumothorax R't.
(c) Post Operative.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (d) Tuberculosis (Pulmonary Ulcerative) — 1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 4/21/49
19B. MAJOR FINDINGS OF OPERATION: 1st Stage Relaxing Thoracoplasty
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20, 1949 *to* 4/25, 1949 *that I last saw the deceased alive on* 4/25, 1949 *and that death occurred at* 10:15A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John J Tansey M.D.
23B. ADDRESS: St Agnes Hosp.
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 27 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, Town or County) (State): 4430 Old Frederick Rd. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Fusco Inc.
ADDRESS: 2013 Fremont Ave

VS 150

12B

3795

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73795

1. NAME OF DECEASED (Type or Print) CHARLES H. JOHNSON

2. DATE OF DEATH April 24, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
d. STREET ADDRESS (If rural, give location) 704 Tyson Street 11-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	Colored		Aug. 4, 1903	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U. S. A.

13. FATHER'S NAME Walter Johnson

14. MOTHER'S MAIDEN NAME Mary E. Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS Mrs. Mary Hawkins 551 Robert St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Degeneration of brain

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE: WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23a. SIGNATURE [signature] M.D.

23b CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR

23c DATE SIGNED April 25, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-27-49

24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

24d. LOCATION (City, town, or county) Baltimore, Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR Apr 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Mrs. Frances E. Hennessy

ADDRESS 518 W Biddle St

151

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2 D 4. 1 673796 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James E. Lewis

2. DATE OF DEATH: APR 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 63 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 8-6
D. STREET ADDRESS (If rural, give location): 1511 E. Lafayette, Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 5 86
9. AGE (In years last birthday): 63
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gberley Lewis
14. MOTHER'S MAIDEN NAME: Laura Walstrum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mydoid leukemia,
DUE TO
(B) anemia.
DUE TO
(C) Arteriosclerotic heart disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18-, 1949 *to* 4-25-, 1949 *that I last saw the deceased alive on* 4-25-, 1949, *and that death occurred at* 12 ½ p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Osborne D. Hardenbergh M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-27-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford.

VS 150

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Reg. No. 1 Registered No. G733797

1. NAME OF DECEASED (Type or Print) Mrs Mary Creighton

2. DATE OF DEATH 4/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Univ. Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ. Hosp. Green & Lombard St.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 2635 N. Charles St. 12-6

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH April 13, 1884
9. AGE (In years last birthday) 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James A. Clark

14. MOTHER'S MAIDEN NAME Harriett E. Hindes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Miller R. Creighton, III — ADDRESS 2635 N. Charles St

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis — DUE TO

(C) Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. pulmonary edema, cerebral Hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/24 19~~48~~49 *to* 4/24 19~~48~~49, *that I last saw the deceased alive on* 4/24/49 19____ *and that death occurred at* 5 ~~48~~ P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Howard E. Hall M. D.
23B. ADDRESS Univ. Hosp.
23C. DATE SIGNED 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 27/49
24C. NAME OF CEMETERY OR CREMATORY London Park Cemetery
24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR APR 26 1949
REGISTRAR'S SIGNATURE Twilley for Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS John D. Mitchell & Sons

VS 150

94a

Bd. Med. Exams Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5-40 G73798

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eugene Roland Fodor

2. DATE OF DEATH: APR 25 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rome
D. STREET ADDRESS (If rural, give location): R.D. 2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 1-6-47
9. AGE (In years last birthday): 2
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Eugene Fodor
14. MOTHER'S MAIDEN NAME: Clara Hadiska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart disease
DUE TO Tetralogy of Fallot,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)
DUE TO

CERTIFICATION APPROVED BY
For: Robert MacFadden, M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-25-49
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot -
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24 1949 *to* 4-25 1949, *that I last saw the deceased alive on* 4-25 1949, *and that death occurred at* 3:35 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. N. Mueller M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-28-49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Towanda Pa.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John Mitchell & Sons, Inc.
ADDRESS: 1900 Eutaw Pl.

VS 150

To be Approved by Med. Exam

157E

3799 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73799 — Registered No.

1. NAME OF DECEASED (Type or Print): Sarah Wagner

2. DATE OF DEATH: April 20, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Baltimore

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lillie Carter Nursing Home Inc. 1st Floor

b. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: VIRGINIA. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALEXANDRIA.
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: MAY 14 1868
9. AGE (In years last birthday): 80
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Donnell
14. MOTHER'S MAIDEN NAME: Mary Vincent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillie Lyerly ADDRESS: 1200 Valley St

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Edema Lungs — Interval between onset and death: 1 day

DUE TO

(B) Chronic Myocarditis — 5 yrs

DUE TO

(C) Arteio Sclerosis — 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1 – , 1949, *to* April – , 1949, *that I last saw the deceased alive on* April 25, 1949, *and that death occurred at* 3:35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: E Gill Hall M. D.
23B. ADDRESS: 1631 E. North ave
23C. DATE SIGNED: 4-26-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 4/26/49.
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): ALEXANDRIA Va.

DATE RECEIVED BY REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Hunter Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 E. Pratt St.

VS 150

937

BIRTH NO. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73800

177 Registered No.

1. NAME OF DECEASED (Type or Print) James Jimison

2. DATE OF DEATH April 25-1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore 60yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 1436 W. Lanvale St. 16-2

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 10- 1887
9. AGE (In years last birthday): 62 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Mary Jimison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Baltimore City Hospitals Records- 4940 Eastern Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Carcinoma of prostate and possible carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 wks.?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO XXX

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22- , 1949, *to* 4-25- , 1949 *that I last saw the deceased alive on* 4-25- , 1949, *and that death occurred at* 9.35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rozeen M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: April 26-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Geo. G. Kelson 1303 Presstman St.

VS 150

510

73801 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° Registered No. G73801

1. NAME OF DECEASED (Type or Print): Helen Evans

2. DATE OF DEATH: 4-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 116 Homeland Ave 27-12

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: 4-11-1884
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Mc Cabe
14. MOTHER'S MAIDEN NAME: Margaret Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs M. A. Kessler ADDRESS: 116 Homeland Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of left breast with metastasis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Heart Failure

INTERVAL BETWEEN ONSET AND DEATH: Diagnosed 6 mo

19A. DATE OF OPERATION: 4-23-49
19B. MAJOR FINDINGS OF OPERATION: Rad. Mast. left breast
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22 , 1949 *to* 4-23 , 19 , *that I last saw the deceased alive on* 4-23 , 19 , *and that death occurred at* 10 40 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John McBurney M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/27/1949
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas T Evans & Son Inc
ADDRESS: 118 W. Mt. Royal ave.

VS 150 — Print — 50

73802

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 903.0 G73802 Registered No.

1. NAME OF DECEASED (Type or Print): Emma Dorothy Rochester N-Pro

2. DATE OF DEATH: 4/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2738 Harford Rd
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2738 Harford Rd 9-7

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2 1902
9. AGE (In years last birthday): 86 — If Under 1 Year: Months 9 Days 19 — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Rushe
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Harry Rochester ADDRESS: 2738 Harford Rd

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chr. Nephritis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fracture of hip

CERTIFICATION APPROVED BY
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs / 3 wks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Apl 3
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Apl 3 1949 [illegible] m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Slipped & fell on floor

22. I hereby certify that I attended the deceased from Apl [illegible], 1939 to Apl 24, 1949, that I last saw the deceased alive on Apl 23 1949 and that death occurred at 4 A m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2700 Harford Rd
23C. DATE SIGNED: Apl 23 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/27/49
24C. NAME OF CEMETERY OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150

186a

3803
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73803
Registered No.

1. NAME OF DECEASED (Type or Print) HENRIETTA Victoria LANG

2. DATE OF DEATH APRIL 23 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 764 CARROLL ST

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-1
D. STREET ADDRESS (If rural, give location) 764 CARROLL ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
FEMALE	WHITE	WIDOWED	SEPT. 9 1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME GEORGE J. HUBER

14. MOTHER'S MAIDEN NAME CATHERINE WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Heart Failure	1 day.
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Secondary Anemia	5 years
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1934 *to* April 23, 1949 *that I last saw the deceased alive on* April 23 1949 *and that death occurred at* 1.30 *m., from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.

23B. ADDRESS 2730 N Charles St

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE APRIL 26 1949

24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK

24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR APR 26 1949

REGISTRAR'S SIGNATURE [illegible] Williams, M.D.

25. FUNERAL DIRECTOR HARRY H WITZKE ADDRESS 4101 EDMONDSON AVE

VS 150

737

73804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49°

G73804 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SIMON Little

2. DATE OF DEATH: APR 24 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 2-1
D. STREET ADDRESS (If rural, give location): 207 S. Bethel, St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 6-10-03
9. AGE (In years last birthday): 45 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simon Little
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, yes or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute lobar pneumonia — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) pneumococcus — DUE TO

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:

INTERVAL BETWEEN ONSET AND DEATH: 1 week.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23- 1949 to 4-24- 1949 that I last saw the deceased alive on 4-24 1949, and that death occurred at 12 3 Am., from the causes and on the date stated above.

23A. SIGNATURE: Bertram E. Sorkin M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 4/27/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): ROCKINHAM, NC.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: ADDRESS: CHARLES R. LAW-802 MADISON AVENUE

VS 150

108

AB-126976

673805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673805
Registered No.

1. NAME OF DECEASED (Type or Print) Albert Barnes

2. DATE OF DEATH April 24-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY

c. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 12-6

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

d. STREET ADDRESS (If rural, give location) ~~2611 Maryland Ave.~~ 271 W 31st St.

3. Length of stay in Baltimore: Yrs. Life / Mos. / Days

5. SEX M

6. COLOR OR RACE White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single

8. DATE OF BIRTH May 12- 1884

9. AGE (In years last birthday) 64 If under 1 Year: Months Days If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind) (Do not use "Retired") Meatcutter.

10b. KIND OF BUSINESS OR INDUSTRY ~~Coppas~~ Food Market

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ferdinand or Ferinnand Barnes

14. MOTHER'S MAIDEN NAME Katie Lennon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -- (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO 220-01-2605

17. INFORMANT Baltimore City Hospitals Records- ADDRESS 4940 Eastern Ave.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Disseminated** tuberculosis lungs DUE TO and meninges

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18 *, 1949 to* 4-24 *, 1949, that I last saw the deceased alive on* 4-24 *, 1949, and that death occurred at* 7.30 AM *, from the causes and on the date stated above.*

23a. SIGNATURE P. S. Rogers M. D.

23b. ADDRESS Baltimore City Hospitals

23c. DATE SIGNED 4-24-1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 27/49

24c. NAME OF CEMETERY OR CREMATORY Springfield.

24d. LOCATION (City, town, or county) (State) Sykesville Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 26 1949

REGISTRAR'S SIGNATURE Washington Williams, MD

25. FUNERAL DIRECTOR ADDRESS Paul E. Chenoweth Jr. 3617 Chestnut Ave

VS 150

120

A73806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73806

BIRTH NO. B.C. 49-08605

1. NAME OF DECEASED (Type or Print): Baby Baker

2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1935 N. Fulton Ave
c. Length of stay in Baltimore: Years / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY: Balto
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-4
d. STREET ADDRESS (If rural, give location): 1935 N. Fulton Ave

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 24, 1949
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 7, Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Robert Baker
14. MOTHER'S MAIDEN NAME: Lonnie Dukes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Lonnie Dukes ADDRESS: 1935 N. Fulton

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 7 hours
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1949, *to* April 24, 1949, *that I last saw the deceased alive on* April 24, 1949, *and that death occurred at* 9:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. W. McDaniel M. D.
23b. ADDRESS: 802 N. Caroline St
23c. DATE SIGNED: 4-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24d. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: James A. Hayes ADDRESS: 142 W. Hill St

VS 150

161a

G73807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 Registered No. G73807

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH WILLMORE

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

3c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 813 Pierce Street 17-3

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 2, 1894
9. AGE (In years last birthday): 54
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Willmore
14. MOTHER'S MAIDEN NAME: Diane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates)
16. SOCIAL SECURITY NO.
17. INFORMANT: Anne Willmore ADDRESS: 721 Franklin St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertension & C.V. Degen
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: [signature] M.D
23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23c. DATE SIGNED: April 26, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-29-49
24c. NAME OF CEMETERY OR CREMATORY: Mount Calvary
24d. LOCATION (City, town, or county) (State): Cedar Hill, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1948
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Halstead ADDRESS: 918 Druid Hill Ave.

93D

673808 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

195 40

673808 — Registered No.

1. NAME OF DECEASED (Type or Print): MYRTLE C. MIKE

2. DATE OF DEATH: 4/25/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 1736 S. Hanover St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): I740 S. Hanover Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	M	8/17/1912	36		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	*	Baltimore	

13. FATHER'S NAME: Christofer Fiesher

14. MOTHER'S MAIDEN NAME: Alice Higgiston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	Family - Same	

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Melanotic sarcoma
DUE TO
(B)
DUE TO
(C) Cachexia — 1 month
Pleural Effusion — 1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1948	Melanotic sarcoma	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hr.) (m.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from December 1948 to April 25, 1949 that I last saw the deceased alive on 4/24/49, 19___, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis Miller, M. D.	1108 Allendale St	4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	4/28/49	Cedar Hill	Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Curtis Williams, MD	Agnes L. Casey	130 E. Fort Ave.

VS 150

55E

G73809

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-20-1

Registered No. G73809

1. NAME OF DECEASED (Type or Print): LAWRENCE B. HESSION

2. DATE OF DEATH: 4/25/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 509 NORMANDY AVE

c. Length of stay in Baltimore: 24 years — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-7
D. STREET ADDRESS (If rural, give location): 509 NORMANDY AVE

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 23-1900
9. AGE (In years last birthday): 48 — If under 1 Year: Months Days — If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL CO.
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: MICHAEL HESSION
14. MOTHER'S MAIDEN NAME: MARY CONCANNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Jan-10-0906

17. INFORMANT: CATHERINE M. HESSION — ADDRESS: 509 NORMANDY AVE

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) [illegible] — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?: —

22. *I hereby certify that I attended the deceased from* 5-20 1949 *to* 4-25, 1949 *that I last saw the deceased alive on* 4-24 1949, *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: H.W. Scheye M.D.
23B. ADDRESS: 3421 Edmondson
23C. DATE SIGNED: 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 28 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town or county) (State): Bel Air Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H.H. & B.M. Mackey
ADDRESS: Pratt & Stricker Sts

HVS 150

H. W. Scheye, M.D.

94a

G73810
Med. Exam. Case
B.C. 49-2737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

754 G73810 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Percy Davis

2. DATE OF DEATH: APR 24 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 251 Robert St 14-1

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 12-16-48
9. AGE (In years last birthday): If Under 1 Year: Months 4, Days; If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Davis
14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ANOMALOUS ORIGIN OF LEFT CORONARY ARTERY — 4 mos

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
For: Wm. G. Helfrich M. D.
CHIEF OR ASST MEDICAL EXAMINER.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24, 1949 *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8 20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alan C. Neimann M. D.
23b. ADDRESS: JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED: 4-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24d. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS:

VS 150 To be approved by Med. Exam. 1631 Druid Hill Ave 1576

G738.1

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. G738.1

1. NAME OF DECEASED (Type or Print): Mary E. Danaher

2. DATE OF DEATH: April 25 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 712 Whitmore Ave

Length of stay in Baltimore: Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Md. 16-5
D. STREET ADDRESS (If rural, give location): 712 Whitmore Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	May 10 1874	74 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	—	Baltimore Md	USA

13. FATHER'S NAME: Daniel Danaher

14. MOTHER'S MAIDEN NAME: Mary Quinn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	Dudley Danaher	712 Whitmore Ave

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — DUE TO

(C) Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-3 1949, *to* 4-25 1949, *that I last saw the deceased alive on* 4-25 1949, *and that death occurred at* 6:50 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. W. Scherer M. D.	392 Edmondson	4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 28th 1949	New Cathedral	Old Frederick Road

DATE RECEIVED BY CAN. APR 26 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Huntington Williams, M.D.	John C. Moran	3000 E. Baltimore St.

VS 150

H. W. Scherer

83a

G738:2 VAUGHN A. ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No. G738:2

1. NAME OF DECEASED (Type or Print) Vaughn A. CRENNING Crenning

2. DATE OF DEATH 4-25-49

3. PLACE OF DEATH: a. Baltimore City, Maryland Univ. Hosp

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ. Hosp. Greene & Lombard St

c. Length of stay in Baltimore 15 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Md. b. COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
d. STREET ADDRESS (If rural, give location) 7 Dutton ave.

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Nov 9. 1916

9. AGE (In years last birthday) 32

If Under 1 Year: Months 5 Days 16

If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer

10b. KIND OF BUSINESS OR INDUSTRY Airplanes

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Crenning

14. MOTHER'S MAIDEN NAME Myra Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-01-1954

17. INFORMANT Ruth Linn Crenning ADDRESS 7 Dutton ave. Catonsville

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute dilatation of heart DUE TO

(B) pulmonary edema DUE TO

(C) Arteriosclerosis Diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ✓ NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/22, 1949 *to* 4/25, 1949, *that I last saw the deceased alive on* 4/26, 1949, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Howard E. Dkell M. D.

23b. ADDRESS Univ. Hosp.

23c. DATE SIGNED 4-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Apr 27. 1949

24c. NAME OF CEMETERY OR CREMATORY Van Liew

24d. LOCATION (City, town, or county) (State) New Brunswick N. J.

DATE RECEIVED BY APR 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Wm. Thos. Jim A. Tenfelsohn 5311 Edmondson ave.

VS 150

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 Registered No. G73813

1. NAME OF DECEASED (Type or Print): Sylvia Kight

2. DATE OF DEATH: Apr. 26 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Dale 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riddle River
D. STREET ADDRESS (If rural, give location): 42 Chandler St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 8-20-28
9. AGE (In years last birthday): 20 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Boyd Kight
14. MOTHER'S MAIDEN NAME: Mary Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Banti's Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/24, 1949, *to* 4/26, 1949, *that I last saw the deceased alive on* 4/26, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas B. Mallinckrodt M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/26/49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Bridgeport W. Va.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Wm J. Tickner & Sons — ADDRESS: Balt. Md

VS 150

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Letter

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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738.4 — BIRTH NO.

G738.4 — Registered No.

1. NAME OF DECEASED (Type or Print): BILLIE IRENE SPICER

2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 122 E. Pratt Street 22-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	Married	July 3, 1924	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barmaid		Rita, W. Va.	U.S.A.

13. FATHER'S NAME: Willard White

14. MOTHER'S MAIDEN NAME: Mary M. Bladick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Wm. E. Spicer	310 Macon St. Balto., Md.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fractured skull.
(B) Due to Intracranial hemorrhage.
(C) Due to Contusion of brain.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fatty degeneration of liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Home	1115 North Charles Street 11/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
April 24, 1949 2 P.m.		Fell down steps while intoxicated

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George L. Merrill M.D.		April 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	April 26, 1949	McNeely Furn. Co.	Man, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Huntington Williams, M.D.	Howard K. Mc Comas	Abingdon, Md.

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738.15
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73815
Registered No.

1. NAME OF DECEASED (Type or Print): Fred. Simms

2. DATE OF DEATH: April 23-1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 105 Broad Alley 2-2

5. SEX: M
6. COLOR or RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 8-1878
9. AGE (In years last birthday): 70 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Simms
14. MOTHER'S MAIDEN NAME: Emma Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Records- ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary tuberculosis	1yr.?
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-12- , 1949, *to* 4-23- , 19 49 *that I last saw the deceased alive on* 4-23- , 19 49, *and that death occurred at* 5.15PM., *from the causes and on the date stated above.*

23a. SIGNATURE: G. S. Cogen M. D.
23b. ADDRESS: Baltimore City Hospitals
23c. DATE SIGNED: 4-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-49
24c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24d. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Bentley

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73816

G73816

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alice Savage

2. DATE OF DEATH APR 25 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-1
D. STREET ADDRESS (If rural, give location) 309 N. Fulton, Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	?	? 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
?		?	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

(B) ? Cancer metastasis to brain

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15- 1949 *to* 4-25- 1949, *that I last saw the deceased alive on* 4-25- 1949, *and that death occurred at* 4⁰⁰ A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
George G. Culbreth M. D.	JOHNS HOPKINS HOSPITAL	Apr 25, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	4-29-49	Church Cemetery	Salisbury N.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 26 1949	Huntington Williams, M.D.	William G. Jackson	916 Lemmon

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Medical Examiner G73817 ✓ + E963.0 G73817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Julia Certrude Hannigan N-[illegible]
2. DATE OF DEATH: April 24, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pikesville (RURAL)
d. STREET ADDRESS (If rural, give location): 216 Southbrook Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 2-22-63
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 86yr.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Catonsville, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Burns
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: William Hannigan ADDRESS: Pikesville, Md

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 4 days.
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Fractured (femur) right. — 40 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
William J. McClafferty, M.D.
for: H. Kammer M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19a. DATE OF OPERATION: 4/6/49
19b. MAJOR FINDINGS OF OPERATION: Fractured left femur at subtrochanteric.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home.
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pikesville Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 13 49 6:30 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCoccur? Patient slipped and fell to floor.

22. *I hereby certify that I attended the deceased from* 3/23/ , 19 49 to 4/24/ , 19 49 *that I last saw the deceased alive on* 4/24/ 19 49 *and that death occurred at* 3:20 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D.
23b. ADDRESS: 1400 E. Caroline Street
23c. DATE SIGNED: 4/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/49
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Govans Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank H. Purnell
ADDRESS: Pikesville

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G73818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1949

G73818

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): CARL ALBERT TROUT

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore: 13 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Pa.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia
d. STREET ADDRESS (If rural, give location): 2227 E. Huntington St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	12/12/09	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Florida	USA

13. FATHER'S NAME: William Trout

14. MOTHER'S MAIDEN NAME: Ella Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 465-03-1441

17. INFORMANT: Records- US Marine Hospital, Balto, Md. (ADDRESS)

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO	Malignant melanoma with generalized metastases	Approximately 6 mos.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr. 12, 1949 *to* Apr. 25, 1949 *that I last saw the deceased alive on* Apr. 25 1949 *and that death occurred at* 2:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto, Md.	4/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4 30 49	Key West City Cemetery	Key West, Florida.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Huntington Williams, M.D.	Wm. Cook Inc.	1217 St. Paul St.

VS 150

53

73819

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73819

Registered No.

1. NAME OF DECEASED (Type or Print) William Donovan

2. DATE OF DEATH 4-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hosp.

C. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 414 W. Fayette 4-1

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH

9. AGE (In years last birthday) 60
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theatre Manager

10B KIND OF BUSINESS OR INDUSTRY Motion picture

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Wm Donovan

14. MOTHER'S MAIDEN NAME Julia McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Patient ADDRESS

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, bronchogenic with cerebral & vascular metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1- , 1949 *to* 4-25- , 1949 *that I last saw the deceased alive on* 4-25- , 1949 *and that death occurred at* 9:05 a m., *from the causes and on the date stated above.*

23A. SIGNATURE John H. Rosner M.D.

23B ADDRESS University Hosp.

23C DATE SIGNED 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B DATE 4/28/49

24C NAME OF CEMETERY OR CREMATORY Westview

24D LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Millard Col Doe

ADDRESS 1219 E Fayette St

VS 150

47c

G73820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73820 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Edward Schaub

2 DATE OF DEATH 4/25/49 2 45 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3513 Harford Rd.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D STREET ADDRESS (If rural, give location) 3513 Harford Rd 1-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	July 5 1879	69	9 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Loyed

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Balto. Md.

12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME (Unknown) Schaub

14 MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO 219-18-8435

17 INFORMANT Mrs Martha Schaub ADDRESS 3513 Harford Rd

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure

DUE TO

(B) Arteriosclerotic Heart Disease.

DUE TO

(C) Bilateral Tuberculosis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
3-5 yr.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19__, to April, 1949 that I last saw the deceased alive on 4-25-49, 19__ and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. Lenwyn Rengler M.D.	642 North Bld	4-26-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4/28/49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Huntington Williams, M.D.	H. Poe & Son, Inc.	1217 St. Paul St.

VS 150

12C

73821

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ x 93

G73821

Registered No.

1. NAME OF DECEASED (Type or Print): Frances Berry

2. DATE OF DEATH: April 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: 2 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Woodbine
D. STREET ADDRESS (If rural, give location): Cooksville

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-26-1904

9. AGE (In years last birthday): 44
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Dorsey

14. MOTHER'S MAIDEN NAME: Cordelia Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Wilbur Berry, ADDRESS: Woodbine, Md.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Edema

DUE TO

(B) Malignant Hypertension

DUE TO

(C) Nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Diabetes Melitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B MAJOR FINDINGS OF OPERATION:

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1949, *to* April 24, 1949, *that I last saw the deceased alive on* April 24, 1949, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Isaac E Brumback M. D.

23B ADDRESS: University Hospital

23C DATE SIGNED: 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B DATE: 4-27-1949

24C NAME OF CEMETERY OR CREMATORY: Mt. Zion

24D LOCATION (City, town, or County) (State): Carroll Co. Maryland

DATE RECEIVED BY REGISTRAR: APR 27 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

VS 150

61

G738222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

751

G738222

BIRTH NO. B.C.49-06690 Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Rhodat. Engelking

2. DATE OF DEATH 4/26/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore 30 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md. B COUNTY Anne Arundel
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marley Park
D. STREET ADDRESS (If rural, give location) Highland, Road

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 3/27/49

9. AGE (In years last birthday) If Under 1 Year: Months Days 30 If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard Engelking

14. MOTHER'S MAIDEN NAME Dorothy C Geoghagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis — INTERVAL BETWEEN ONSET AND DEATH 30 days

DUE TO

(B) Meningoencyphalomyelocele 30 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1949, *to* 4/26, 1949 *that I last saw the deceased alive on* 4/26, 1949, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward A. Newell M. D.

23B. ADDRESS 1215 Light St.

23C. DATE SIGNED 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-27-49

24C. NAME OF CEMETERY OR CREMATORY Glen Haven

24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Thomas W. Singleton ADDRESS

1571

73823 ✓ X 4-20-1 G738[illegible]

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Morris Bearman

2. DATE OF DEATH: April 25.1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hosp
c. Length of stay in Baltimore: 45 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 102 7th Ave Brooklyn Park, Md.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	March 20,1891	58	1 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Merchant		North Carolina	USA.

13. FATHER'S NAME: Louis Bearman

14 MOTHER'S MAIDEN NAME: Mary Valinsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		William Bearman	4108 Springdale Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis — DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Aug 1 V 1947 *to* Apr 25 1949, *that I last saw the deceased alive on* Mch 8 1949, *and that death occurred at* 7.45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[signature] M. D.	705 Med Arts	Apr. 26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	April 27, 1949	Baltimore Hebrew Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 27 1949	[signature]	Sol Levinson & Bros	1126 W North Ave

VS 150

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38[illegible]93468

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 0 G738224 Registered No.

1. NAME OF DECEASED (Type or Print): Harry Buttray -or-Buttrey

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals

C. Length of stay in Baltimore: 34 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 703 N. Fulton Avenue 16-3

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1870?
9. AGE (In years last birthday): 78 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Henry (D)
14. MOTHER'S MAIDEN NAME: Mary Scableton (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-03-5549
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS: 4940 EASTERN AVE

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — Interval between onset and death: 10days

DUE TO

(B) Arteriosclerotic heart disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES XXX NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5 , 1945, *to* 4-25 , 1949, *that I last saw the deceased alive on* 4-25 , 1949, *and that death occurred at* 10:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Rozen M. D.
23B. ADDRESS: 4940 EASTERN AVENUE
23C. DATE SIGNED: 4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles P. Towell ADDRESS: 1421 E. Lanvale [illegible]

VS 150

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738,25 G738,25

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 Registered No.

1. NAME OF DECEASED (Type or Print) Charles E Kieth

2. DATE OF DEATH 4/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn
D. STREET ADDRESS (If rural, give location) 8-13th Street.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/18/1867
9. AGE (In years last birthday) 81
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Keith
14. MOTHER'S MAIDEN NAME Sara Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, yes or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Daughter ADDRESS 8-13th St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Cardia of stomach 2 years.
DUE TO
(B) C extension to left lung,
DUE TO
(C) pancreas, spleen & kidney.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Emphysema; arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4/18/49
19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of stomach cardiac end
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17, 1949 *to* 4/26, 1949 *that I last saw the deceased alive on* 4/26, 1949 *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE C. F. Hawkins Jr. M. D.
23B. ADDRESS Franklin Square Hosp.
23C. DATE SIGNED 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify) B
24B. DATE 4-29-49
24C. NAME OF CEMETERY OR CREMATORY Locust Hill
24D. LOCATION (City, Town, or County) (State) Brooklyn

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR James Lee McCully
ADDRESS 130 S Fremont Ave.

VS 150

46B

AB-93323

3826 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 90 2.7 G73826 Registered No.

1. NAME OF DECEASED (Type or Print) H. John Litchfield N-8 20

2. DATE OF DEATH April 25-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4937 Roland Ave. 27-14

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 8-1868
9. AGE (In years last birthday) 81 If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10B. KIND OF BUSINESS OR INDUSTRY Retired 12 yrs.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Joseph H. Litchfield
14. MOTHER'S MAIDEN NAME Matilda Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Records- Baltimore City Hospitals ADDRESS 4940 Eastern Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho-pneumonia Bilateral
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

CERTIFICATION APPROVED BY
A. A. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Coronory Sclerosis
Inter trochancteric fracture left femur

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-12-49
19B. MAJOR FINDINGS OF OPERATION Fixation by Blount Pin
20. AUTOPSY? YES XX NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4940 Eastern Ave. Baltimore City Hospital 2/12
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) March 30, 1949 ? m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell to floor from table

22. *I hereby certify that I attended the deceased from* 4-27- , 1945 *to* 4-25- , 1949, *that I last saw the deceased alive on* 4-25- , 19 49 *and that death occurred at* 5.35PM *m., from the causes and on the date stated above.*

23A. SIGNATURE C. S. Rogers M. D.
23B. ADDRESS Baltimore City Hospitals
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 28, 1949
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Burgee Funeral Home
ADDRESS 3631 Falls Road

VS 150 To be approved by the Medical Examiner

186a

738?7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 592

3

G73827

Registered No.

1. NAME OF DECEASED (Type or Print) Frances Kucharczyk

2. DATE OF DEATH April 23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 824 S. Milton ave
c. Length of stay in Baltimore 38 Years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-4
D. STREET ADDRESS (If rural, give location) 824 S. Milton ave

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 4 1885
9. AGE (In years last birthday) 63
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Repustowski
14. MOTHER'S MAIDEN NAME Katherine Kwiatkowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mrs Katherine ADDRESS Kucharck

18. CAUSE OF DEATH 824 S. Milton

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4/19 to 4-23
DUE TO
(B) Chr. Myocarditis — 4-1-46
DUE TO
(C) Chr Duodenal Ulcer Nephritis — 4-1-46

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1946, *to* April 23, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* 1:55 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE William J Ryan M. D.
23B. ADDRESS 801 N Kenwood Ave
23C. DATE SIGNED 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 28/49
24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
24D LOCATION (City, town, or county) (State) Balto County

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949
REGISTRAR'S SIGNATURE [illegible] Washington Williams, Md
25 FUNERAL DIRECTOR John M. Weber
ADDRESS 401 S. Chester Street

VS 150

121a

G73828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64.° G73828 Registered No.

BIRTH NO. B.C. 49-05490

1. NAME OF DECEASED (Type or Print) Joseph Markiewicz

2 DATE OF DEATH Apr. 26, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland Harriet Lane

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-3
D. STREET ADDRESS (If rural, give location) 2508 Fait Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white		3-12-44		1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME Vincent Markiewicz

14 MOTHER'S MAIDEN NAME Stella Magnalosha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) anuria	
DUE TO		
ANTECEDENT CAUSES	(B) ?? sulfonamide intoxication.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C) diarrhea	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/13, 1949 *to* 4/26, 1949 *that I last saw the deceased alive on* 4/26, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/27/49	Holy Rosary Cem	Balto. County

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Remington Williams, M.D.	John M. Weber	401 S. Chester Street

VS 150

119a Balto 31

G73839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73839 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph J. Debinski — 420

2. DATE OF DEATH April 22 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland — Poland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6714 Bessemer ave

c. Length of stay in Baltimore 50 Year — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland — b. COUNTY Balto. City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-6
d. STREET ADDRESS (If rural, give location) 6714 Bessemer ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	married	Sep. 15 1885	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Debinski
14. MOTHER'S MAIDEN NAME: Mary Skarovski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO. 214-03-3092

17. INFORMANT: (Mrs) Mary Debinski — ADDRESS: Wife

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	CORONARY THROMBOSIS	1 DAY
DUE TO (B)	CORONARY INSUFFICIENCY	5 YRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	ARTERIOSCLEROTIC C. V. Dis	5 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1946 *to* Apr 22, 1949, *that I last saw the deceased alive on* Apr 22, 1949, *and that death occurred at* 10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stephen C. Mackoviak, M.D.
23b. ADDRESS: 6714 Holabird Ave
23c. DATE SIGNED: Apr 23, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/49
24c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem
24d. LOCATION (City, town, or County) (State): Balto. County

DATE RECEIVED BY REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John M. Welsh — ADDRESS: 401 S. Chester St

VS 150

937

M M. 43354
738?0

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73830

1. NAME OF DECEASED (Type or Print) Joseph, Ament.

2. DATE OF DEATH April 23, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) NO HOME

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals 4940 Eastern Ave

Length of stay in Baltimore: Yrs. Life Mos. Days

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 1, 1867
9. AGE (In years last birthday): 81 YRS
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathew Ament.
14. MOTHER'S MAIDEN NAME: Catherine, Kremer.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Records Balto City Hospitals ADDRESS 4940 Eastern Ave

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Mycardial Infaiction INFARCTION	5 MIN.
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Coronary Sclerois	
	DUE TO	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C) Severe Arterio Sclerotic CARDIO Vascular Disease With Chronic Insufficency	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28-39, 19__, *to* 4-23-, 1949, *that I last saw the deceased alive on* 4-23-, 19 49 *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE R. S. Rogers M. D.
23B. ADDRESS 4940 Eastern Ave
23C. DATE SIGNED April 23, 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/27/49
24C. NAME OF CEMETERY OR CREMATORY Lawson-Pobst
24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR APR 27 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR F. B. Philpott Inc
ADDRESS 1500 Eastern Ave

VS 150

937

73851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

900.6 E

Registered No. G73851

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine (Sophia) Rose Baroch

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: 58 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2516 E. Preston st.

5. SEX: W
6. COLOR OR RACE: F
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/2/1875
9. AGE (In years last birthday): 74 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Bruha
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Carroll Faber ADDRESS: 3616 Kimbel Rd. #18

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of Shaft of
DUE TO
(B) Intramedullary Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Bakery Steps (2500 Hofman St.)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 23, 1949 p.m. 1
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X
21F. HOW DID INJURY OCCUR? (outside) Slipped and fell down steps

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: April 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/29 49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 2601-3-5 E. Madison Street

151

1862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4738

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edgar Buchanan

2. DATE OF DEATH: April 24-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

Length of stay in Baltimore: 30yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 325 E. East Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	White -	Married	Aug. 1- 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Continental Can Co.	North Caroline	U.S.

13. FATHER'S NAME: Wiley or Willey Buchanan

14. MOTHER'S MAIDEN NAME: Rebecca Oakley or Okley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	212-14-2095	Baltimore City Hospitals Records- 4940 Eastern Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardial infarction, acute	immediate
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Coronary sclerosis	?
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hypertensive and arteriosclerotic cardio vascular disease, severe	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-22- , 19 49 *to* 4-24- , 19 49 *that I last saw the deceased alive on* 4-24- , 19 49 *and that death occurred at* 10.10AM *., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. S. Rogers M. D.	Baltimore City Hospitals	4-24-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 27, 1949	Baltimore	North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 27 1949	Huntington Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

93D

738.53

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G738.53

1. NAME OF DECEASED (Type or Print): FRANK MALAC (MALACH)

2. DATE OF DEATH: 4/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: 38 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 5915 York Rd.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: Sept 5, 1899 — AGE (In years last birthday): 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

9B. KIND OF BUSINESS OR INDUSTRY: Own Poultry Business

10. BIRTHPLACE (State or Foreign Country): Chezgoslovakia

11. CITIZEN OF WHAT COUNTRY?: USA

12. FATHER'S NAME: John Malac

13. MOTHER'S MAIDEN NAME: Catherine Kantuay (Koutney)

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No

15. SOCIAL SECURITY NO.:

16. INFORMANT: EMMA MALAC (SOME) — ADDRESS:

17. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cystic Nephritis, Aortic Insufficiency	YEARS
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2 *, 19*49*, to* 4/26 *, 19*49*, that I last saw the deceased alive on* 4/26 *, 19*49 *and that death occurred at* 8:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Enser M. D.

23B. ADDRESS: Mercy Hospital

23C. DATE SIGNED: 4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/29/49

24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park

24D. LOCATION (City, town, or county) (State): 5806 Harford Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949

REGISTRAR'S SIGNATURE: Turlington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

20?

G73834 CERTIFICATE CORRECTED 5-4-49 G73834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 173

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): **Nellie H. Leisear**

2. DATE OF DEATH: **April 25, 1949**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **5113 Liberty Heights Ave.**

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: **Maryland**
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): **Baltimore** 28-2
D. STREET ADDRESS (If rural, give location): **5113 Liberty Heights Ave.**

5. SEX: **Female**

6. COLOR OR RACE: **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): **Married**

8. DATE OF BIRTH: **Feb. 22, 1900**

9. AGE (In years last birthday): **49 yrs**
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Housewife & Inspector**

10B. KIND OF BUSINESS OR INDUSTRY: **Glenn L. Martin Co.**

11. BIRTHPLACE (State or foreign country): **Kingston, Jamica**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: **Mervin Byer**

14. MOTHER'S MAIDEN NAME: **Ethel Levy**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): **No**
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: **219-12-6409**

17. INFORMANT: **Mr. Chas. R. Leisear,** ADDRESS: **5113 Liberty Hgts Ave**

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Malnutrition**

DUE TO

(B) **Metastases of Carcinoma**

DUE TO

(C) **Carcinoma of uterus**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: **Dec 1948**

19B. MAJOR FINDINGS OF OPERATION: **Carcinoma of uterus**

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* **Dec 1948** *, 19 , to* **April** *, 1949, that I last saw the deceased alive on* **4/25** *, 19* **49** *, and that death occurred at* **6:40** *m., from the causes and on the date stated above.*

23A. SIGNATURE: **H. Holewick** M. D.

23B. ADDRESS: **4710 Liberty Heights Ave.**

23C. DATE SIGNED: **4/25/49**

24A. BURIAL, CREMATION, REMOVAL (Specify): **Burial**

24B. DATE: **Apr. 27, 1949**

24C. NAME OF CEMETERY OR CREMATORY: **Western Cemetery**

24D. LOCATION (City, town, or county) (State): **Baltimore, Md.**

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: **Ellis Amoran** ADDRESS: **4510 Liberty Hgts. Avenue**

VS 150

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G738355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

Registered No. G738355

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ida Luella Spears Jones

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 410 N. Gilmor St.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 19-1
D. STREET ADDRESS (If rural, give location): 410 N. Gilmor Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 22, 1915
9. AGE (In years last birthday): 34 — If under 1 Year: Months 1, Days 3 — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Vincent Spears
14. MOTHER'S MAIDEN NAME: MARY GANTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY Spears — ADDRESS: 410 N. Gilmor St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia (Lobar) — INTERVAL BETWEEN ONSET AND DEATH: Several Days

DUE TO

(B) Cerebral Hemorrhage — Week

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23, 1949 *to* April 25, 1949, *that I last saw the deceased alive on* April 25, 1949 *and that death occurred at* 11:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard H. Hurst, M. D.
23B. ADDRESS: 1631 W. Franklin St.
23C. DATE SIGNED: 4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-28-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. Balto.
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Tarlington Williams, M.D.
25. FUNERAL DIRECTOR: Mr. Kater R. Williams
ADDRESS: 3220 Schroeder St

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G73836 BALTIMORE CITY HEALTH DEPARTMENT G73836

CERTIFICATE OF DEATH

443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bessie Nichols

2. DATE OF DEATH 4/24/49

3. PLACE OF DEATH: A. Baltimore City, Maryland University Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore, Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-1
D. STREET ADDRESS (If rural, give location) 818 W. Fayette St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	married	May 4, 1915	33	11	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Gibson.

14. MOTHER'S MAIDEN NAME Lottie Nutt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT Thelma Gibson ADDRESS 818 W. Fayette St.

18. CAUSE OF DEATH

I **DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral Hemorrhage — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) Hypertensive C-V Disease — DUE TO

(C)

II **OTHER SIGNIFICANT CONDITIONS** CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24, 1949, *to* 4-24, 1949, *that I last saw the deceased alive on* 4-24, 1949, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE John A. Hightower M.D. | 23B. ADDRESS University Hospital | 23C. DATE SIGNED 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-27-49 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem | 24D. LOCATION (City, town, or county) Balto. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 26 1949 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR Mrs. Katie R. Williams | ADDRESS 322 N Schroeder St

93D

G738537 — BALTIMORE CITY HEALTH DEPARTMENT — G738537

CERTIFICATE OF DEATH

593 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marion Bridges

2. DATE OF DEATH: APR 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: 23 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-3
D. STREET ADDRESS (If rural, give location): 2544 McCullough St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9.6.20
9. AGE (In years last birthday): 28 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cake Packer
10B. KIND OF BUSINESS OR INDUSTRY: Md. B. Co
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benny Bridges
14. MOTHER'S MAIDEN NAME: Bertha Graves
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Glomerulonephritis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Chronic Rheumatic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3.6. 1949 *to* 4-24, 1949, *that I last saw the deceased alive on* 4.24, 1949, *and that death occurred at* 7.13 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: James M. Dalliston M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-28-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion Cem.
24D. LOCATION (City, town, or county) (State): Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

95B

G738538 BALTIMORE CITY HEALTH DEPARTMENT No. G738538

BIRTH NO. B.C. 49-08558 **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Kratz

2. DATE OF DEATH: 4-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto General Hospital

C. Length of stay in Baltimore: Yrs. — Mos. — Days — Hrs. 30 Min.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore #23 18-2
D. STREET ADDRESS (If rural, give location): 918 Lemmon St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 4-25-49 2:00 PM
9. AGE (In years last birthday): If Under 1 Year — Months — Days; If Under 24 Hours — Hours — Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Kratz
14. MOTHER'S MAIDEN NAME: Ellen King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B) Respiratory failure
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 17 hrs. 30 min.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25/49 , 19 , *to* 4/25/49 , 19 , *that I last saw the deceased alive on* 4-25 , 19 49 , *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Katherine V. Kemp M. D.
23B. ADDRESS: West Balto Gen Hosp
23C. DATE SIGNED: 4/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-27-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford

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G73859 ✓ E 81.7.4 G73859

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT WESLEY COOPER — N-804.7

2. DATE OF DEATH April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-44
D STREET ADDRESS (If rural, give location): 3215 Evergreen Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-24-1924
9. AGE (In years last birthday): 25
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank E. Cooper
14. MOTHER'S MAIDEN NAME: Lena V. Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-14-0584
17. INFORMANT: Va Lee Cooper ADDRESS: 3215 Evergreen

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured left tibia and fibula

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fractured skull

DUE TO

(C) Intracranial hemorrhage

DUE TO

(D) Contusion of brain

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6400 block of Harford Rd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 24 49 9.30 p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: April 27, 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify): Burial
24B. DATE: 4-30-49
24C. NAME OF CEMETERY OR CREMATORY: Balto National
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Tuttington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Cuck ADDRESS: 5305 Harford Rd.

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170 C

G73840

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G73840

Registered No.

1. NAME OF DECEASED (Type or Print): RHODA MARIA CARR

2. DATE OF DEATH: April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1618 Ellamont St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-7
D. STREET ADDRESS (If rural, give location): 1618 Ellamont Street

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 30, 1873
9. AGE (In years last birthday): 75 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Grady
14. MOTHER'S MAIDEN NAME: - Landrum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. Josephine M. Price ADDRESS: 1618 Ellamont St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Apr 20 1949
DUE TO
(B) Arteriosclerosis — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* April 20, 1949, to April 26, 1949, *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 1.40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm D Bubert M. D.
23B. ADDRESS: 4603 Park Heights Ave
23C. DATE SIGNED: 4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

[redacted]

VS 150

83a

G738:1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G738:1 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss Mary Catherine Hanna

2. DATE OF DEATH April 27 1949

3. PLACE OF DEATH (A) Baltimore City, Maryland (B) Baltimore, Md. (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) Home for Incurables — Keswick Rd. & 40th St.

5. FULL NAME OF HOSPITAL OR INSTITUTION Home For Incurables - Keswick - 40th St

Length of stay in Baltimore Life Yrs. Mos. Days

7. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If over 1 year, last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Single	Sept. 26, 1850	98		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Reisterstown, Md.	U.S.A.

13. FATHER'S NAME William Hanna

14. MOTHER'S MAIDEN NAME Nancy Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	no	Laura Fischer	Home For Incurables

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Widespread Senile Degenerative Changes — INTERVAL BETWEEN ONSET AND DEATH: 2 years ±

DUE TO Arteriosclerotic Cardio Vasc. Disease — 30 years ±

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 1st, 1938, *to* April 27th, 1949, *that I last saw the deceased alive on* April 26th, 1949, *and that death occurred at* 2 35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas Conrad Wolf, M.D.	11 E. Chase St. Baltimore 2 Md.	4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/30/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

G738:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 [illegible] Registered No. G738:2

BIRTH NO

1. NAME OF DECEASED (Type or Print): EDWARD REITER JOHNSTON

2. DATE OF DEATH: 4/26/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 215 N. Chester St. 1b-3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Life

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Widowed	SEPT 26, 1867	81 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rtd. Exec. Sec'r'y.	Md. Yacht Club	MARYLAND (Baltimore)	U.S.A.

13. FATHER'S NAME: EDWIN JOHNSTON

14. MOTHER'S MAIDEN NAME: LENORA OWENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
UNKNOWN	212-18-8985	MRS. JAMES AUMAN	2806 KEYWORTH AV.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	UREMIA	3 MO.
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	CHRONIC URINARY RETENTION	6 MO.
DUE TO		
(C)	BENIGN PROSTATIC HYPERTROPHY	1 YR
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4/22 *, 1949 to* 4/26 *, 1949 that I last saw the deceased alive on* 4/26 *, 1949, and that death occurred at* 3 00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul S. Herold M.D.	Maryland General Hospital	4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/28/49	Greenmount Cemetery--	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

13 1/2a

G73843 G73843

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17°

Registered No.

1. NAME OF DECEASED (Type or Print): MARY C. ARMSTRONG

2. DATE OF DEATH: Apr. 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2411 Garrison Blvd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2411 Garrison Blvd. 15-27

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 18, 1882
9. AGE (In years last birthday): 66 yrs. If under 1 year: Months, Days. If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Clifford Church
14. MOTHER'S MAIDEN NAME: Mary Merrill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-22-7515
17. INFORMANT: Mr. William R. Armstrong, Sr.-2411 Garr- ADDRESS: ison Blvd

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Breast Left — INTERVAL BETWEEN ONSET AND DEATH: 4 year.
DUE TO
(B) Generalized Metastasis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1- 1922 *to* 4-25-1949, *that I last saw the deceased alive on* 4-25-1949, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard R. Warner M. D.
23B. ADDRESS: 2601 Garrison Blvd
23C. DATE SIGNED: 4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-28-49
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

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BIRTH NO. G738.4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G738.4

1. NAME OF DECEASED (Type or Print): Mrs. Nan Regina Batzer

2. DATE OF DEATH: April 26, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 2307 Harford Road

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 3, 1885
9. AGE (In years last birthday): 64 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George Wilson
14. MOTHER'S MAIDEN NAME: Mary Norton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-01-7470
17. INFORMANT: Joseph Batzer ADDRESS: 2307 Harford Road

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Decompensation
DUE TO
(B) Asteno sclerotic Heart Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 1949 *to* April 26, 1949 *that I last saw the deceased alive on* March 26, 1949 *and that death occurred at* 2:00 PM. *from the causes and on the date stated above.*

23a. SIGNATURE: Ray E. Pearson Jr. M. D.
23b. ADDRESS: 1400 E. Caroline Street
23c. DATE SIGNED: 4/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29/49
24c. NAME OF CEMETERY OR CREMATORY: Cathedral
24d. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR ADDRESS: Rita Wiedefeld 900 E. Biddle St

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G73845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-1

G73845

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Rosa D'Amico

2. DATE OF DEATH: April 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2615 E. Biddle St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2615 E. Biddle St. 1-3

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15 1891
9. AGE (In years last birthday): 57 — If Under 1 Year: Months 10, Days 10 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Termini Imerese Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Agostino Papale
14. MOTHER'S MAIDEN NAME: Cosima Glorioso
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Tommaso D'Amico — ADDRESS: 2615 E. Biddle St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Hypertension Cardiovascular Renal — unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 25 April, 1949 *to* 25 April, 1949, *that I last saw the deceased alive on* 4-24, 19____, *and that death occurred at* 7.P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard Goldman M. D.
23B. ADDRESS: 1512 N. Milton Ave
23C. DATE SIGNED: 26 April 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 28 1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MD 4/28/49
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Frank Della Rose — ADDRESS: 322 S. High St.

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G738:6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G738:6

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Letitia Agnello

2. DATE OF DEATH: APR 27 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: 38 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 247 East St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 27- 1883
9. AGE (In years last birthday): 65 — If Under 1 Year: Months 9, Days; If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ermenegildo Arangio
14. MOTHER'S MAIDEN NAME: Liboria Rizzo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, yes or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic and hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27 1949 *to* 4-27 1949, *that I last saw the deceased alive on* 4-27 1949, *and that death occurred at* 6⁰⁰ a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gordon Cader M. D.
23b. ADDRESS: JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30 1949
24c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24d. LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Frank Della Rose — ADDRESS: 322 S. High St.

VS 150

93D

G73847 G73847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George C. KRAFT

2. DATE OF DEATH: 4-27-49

3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 N. POTOMAC ST

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 6-1
D. STREET ADDRESS (If rural, give location): 105 N. POTOMAC ST

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-12-1882
9. AGE (In years last birthday): 66 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FIREMEN
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CASPER KRAFT
14. MOTHER'S MAIDEN NAME: CATHERINE RUSSELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNA M. KRAFT ADDRESS: 105 N. POTOMAC ST

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cachexia
DUE TO Cerebral Hemorrhage Disease
(B) Tuberculosis ?
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, Apr 26 49, 19__, *that I last saw the deceased alive on* Apr 26 49, *and that death occurred at* 2 AM *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2946 E. Balto
23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 4-30-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balt St

VS 150

13B

BIRTH NO. G73848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73848

1. NAME OF DECEASED (Type or Print): Ignacius Pokryfwka

2. DATE OF DEATH: April 26-1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland 319 S. Cornwall St
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 26-5
d. STREET ADDRESS (If rural, give location): 319 S. Cornwall St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 1-1893
9. AGE (In years last birthday): 56
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tin plate mill
10b. KIND OF BUSINESS OR INDUSTRY: Sparrows Pt
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 213-09-3966
17. INFORMANT: Mary Pokryfwka ADDRESS 319 S Cornwall St

CAUSE OF DEATH

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO (B) general arterio sclerosis — 4 yrs.

DUE TO (C) Cardio-vascular heart disease — 3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25- , 1949 *to* 4-26- , 1949 *that I last saw the deceased alive on* 4-26- , 1949 , *and that death occurred at* 1. P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. G. Whitelaw M. D.
23b. ADDRESS: 2230 Eutaw Place.
23c. DATE SIGNED: 4-27-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/49
24c. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24d. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski
ADDRESS: 2007 Eastern Ave

VS 150

131a

G73849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 9 1 3 G73849

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Dillard Shiflett N-948 2. DATE OF DEATH April 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Edgemere
D STREET ADDRESS (If rural, give location) 7404 Belvins Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	Married	Oct 4-1923	25	6	22		

10A. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Welder	Bethlehem Steel	Charlottesville Va.	

13. FATHER'S NAME Edward Shiflett

14. MOTHER'S MAIDEN NAME Ora Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		214-22-0932	Juanita Shiflett	7404 Belvins Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Burns of entire body

DUE TO

(B) HCl.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Industrial Place	Sparrows Point (Bethlehem Steel)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Apr. 26, 1949 3 A.M.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fell into vat of hydrochloric acid at 200°Far.

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil L. Beyer M.D.		Apr. 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-29-49	Mt. Marah	White Hall Va.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 27 1949	Huntington Williams, M.D.	Ellsworth Armacost	3911 Liberty Hgts

151

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G73850 BALTIMORE CITY HEALTH DEPARTMENT G73850

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PETER PAUL KUBIC

2. DATE OF DEATH: April 26, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital

c. Length of stay in Baltimore: 34 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ohio
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Barton
d. STREET ADDRESS (If rural, give location): Box 83

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/8/17
9. AGE (In years last birthday): 31 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Social Security Adm.

11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Kubic
14. MOTHER'S MAIDEN NAME: Veronica ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 232-20-8198
17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1- Pulmonary tuberculosis, far advanced — INTERVAL BETWEEN ONSET AND DEATH: ? 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 2- Thrombophlebitis left leg — 1 mo.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 23, 1949 *to* Apr. 26, 1949 *that I last saw the deceased alive on* Apr. 26, 1949, *and that death occurred at* 6:13P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Wilson, M. D.
23b. ADDRESS: US Marine Hospital, Balto, Md.
23c. DATE SIGNED: 4/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/27/49
24c. NAME OF CEMETERY OR CREMATORY: Beck Funeral Home
24d. LOCATION (City, town, or county) (State): Clarksville - Ohio

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Earl B. Wharton ADDRESS: 402 E. 25th St.

13B

G73851

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73851

Registered No.

1. NAME OF DECEASED (Type or Print): Josephine Lantz

2. DATE OF DEATH: Apr-26-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Severn Apts; 701 Cathedral Stret

c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-1
D. STREET ADDRESS (If rural, give location): Carl Court Apts. E. Preston Stret

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 1869
9. AGE (In years last birthday): Oct 80
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Balto - Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob F. Lantz
14. MOTHER'S MAIDEN NAME: Emily Emerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. A. A. Hart
ADDRESS: Severn Apts. City

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach

DUE TO General Metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO Marked Senile Cachexia

(C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1st, 1949, *to* April 26th, 1949, *that I last saw the deceased alive on* April 26th, 1949, *and that death occurred at* 3:40 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 300 E. Eutaw St. Balto 1, Md
23C. DATE SIGNED: April 27 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr-28-1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave Balto #1, Md

VS 150

46 C

IFICATE CORRECTED 5-10-49

B73852 Martin ✓ ✗ B73952.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. HELEN N. MARTIN

2. DATE OF DEATH 4/28/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland –

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY HARFORD
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPPA
D. STREET ADDRESS (If rural, give location) Rural (Mountain Road)

5. SEX F | 6. COLOR or RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ~~Married~~

8. DATE OF BIRTH July 30, 1913 | 9. AGE (In years last birthday) 35 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CARL LUND

14. MOTHER'S MAIDEN NAME HELENA KETTUNEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO

17. INFORMANT Calvin Martin, ADDRESS Joppa, Md.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ADENOCARCINOMA OF TRANSVERSE COLON
DUE TO METASTASIS

(B)
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6 19 49 *to* 4/28 19 49, *that I last saw the deceased alive on* 4/28 19 49 *and that death occurred at* 9:05 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE H. D. Martin M.D. | 23B. ADDRESS Church Home & Hosp | 23C. DATE SIGNED 4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE 5-1-1949 | 24C. NAME OF CEMETERY OR CREMATORY Mountain Christian | 24D. LOCATION (City, town, or county) (State) Joppa, Maryland

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949 | REGISTRAR'S SIGNATURE [illegible] Williams, M.D. | 25. FUNERAL DIRECTOR Wm. Archer ADDRESS Benson Md

VS 150

Bel Air 41 J. 46E

B73853 BALTIMORE CITY HEALTH DEPARTMENT B73853

BIRTH NO. CERTIFICATE OF DEATH 4/30 Registered No.

1. NAME OF DECEASED (Type or Print): Laura M. Young
2. DATE OF DEATH: 4/27/49
3. PLACE OF DEATH: a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 892 W. Lombard St
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 892 W. Lombard St. 18-3
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/4/1883
9. AGE (In years last birthday): 66 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George League
14. MOTHER'S MAIDEN NAME: Margaret Hogan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr John Young ADDRESS: 892 W Lombard St.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Arteriosclerotic C-V. disease with Hypertension. — Several Years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to April 27, 1949 that I last saw the deceased alive on April 26, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Abram Goldman M. D.
23B. ADDRESS: 206 S. Gilmor St.
23C. DATE SIGNED: 4/28/49
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/30/49
24C. NAME OF CEMETERY OR CREMATORY: London Park Cem.
24D. LOCATION (City, town, or county) (State): 3801 Frederick Ave
DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Interim for Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son ADDRESS: 90 Hollins St.

VS 150

93 D

Dr. Golley G73854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73854

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAGGIE W. DOELL

2. DATE OF DEATH: Apr. 27, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5300 Hamlet Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-6
D STREET ADDRESS (If rural, give location): 5300 Hamlet Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 20, 1883
9. AGE (In years last birthday): 65
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Roth
14 MOTHER'S MAIDEN NAME: Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17 INFORMANT: Gertrude Doell
ADDRESS: 5300 Hamlet Avenue

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5, 1949, *to* 4/27, 1949, *that I last saw the deceased alive on* 4/26, 1949, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Myles Golley, M. D.
23B ADDRESS: 5703 Reisterstown Rd
23C. DATE SIGNED: 4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-30-49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-28-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

927

G738.5 CERTIFICATE CORRECTED 5-4-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G738.5

Registered No. 45

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Virginia Gibson

2. DATE OF DEATH 4-28-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 600 S. Chapel Gate Lane

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY Frederick

3A. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pine Crest Sanitarium

4C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Frederick

3B. Length of stay in Baltimore 3 years (Yrs. Mos. Days)

4D. STREET ADDRESS (If rural, give location) 329 Lindbergh Avenue

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1868

9. AGE (In years last birthday) 81 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) W. York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles B. Rouse

14. MOTHER'S MAIDEN NAME Margaret Keenan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Pine Crest Sanitarium Hospital Records - Baltimore Md.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis, generalized DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH MANY YEARS

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1948, to 4/27, 1949, that I last saw the deceased alive on 4-27-, 1949, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE Melvin N. Borden M.D.

23B ADDRESS 2030 W. Fayette St

23C DATE SIGNED 4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B DATE 5-1-49 4-30-49

24C NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery

24D (City or town) Frederick (State) Md.

Chesapeake Potomac W. Va.

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25 FUNERAL DIRECTOR C. E. Cline & Son

ADDRESS Frederick - Md.

VS 150

97

G738.56

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 570

G738.56

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Robertson

2. DATE OF DEATH 4-26-49.

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 409 N. Carey St. 18-2

5a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hosp

5b. Length of stay in Baltimore 30 yrs. Mos. Days

6. SEX F.

6. COLOR OR RACE C.

7. SINGLE MARRIED WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH 1893

9. AGE (In years last birthday) 56 If under 1 Year: Months Days If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kings Queen Co Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Tunstall

14. MOTHER'S MAIDEN NAME Emma Tunstall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Priscilla Rice ADDRESS 409 N. Carey St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Undetermined

DUE TO

(B) Possible Mesenteric Thrombosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20-49, 19, *to* 4-26-49, 19, *that I last saw the deceased alive on* 4-26-49, 19, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert R Holmes M.D.

23b. ADDRESS University Hosp

23c. DATE SIGNED 4-26-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Stupped

24b. DATE April 30 49

24c. NAME OF CEMETERY OR CREMATORY Church Cemetery

24d. LOCATION (City, town, or county) (State) Va

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Va Brooks

ADDRESS 1463 N. Carey St

VS 150

99

BS-128465 (7.38.17)

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

174 (7.38.17) Registered No.

1. NAME OF DECEASED (Type or Print): Cora Pitts.

2. DATE OF DEATH: 4-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

c. Length of stay in Baltimore: 35 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 704 Carrollton Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
FEMALE	NEGRO	WID.	Aug. 16, 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.C.	

13. FATHER'S NAME: W. J. Black

14. MOTHER'S MAIDEN NAME: Agnes?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma of Uterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-23 *19* 49 *, to* 4-25 *, 19* 49 *, that I last saw the deceased alive on* 4-25 *19* 49 *, and that death occurred at* 4:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. A. Cozen M. D.	4940 EASTERN AVENUE	4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 29 1949	Mt. Auburn	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 28 1949		J. Brooks	1423 N. Caroline

VS 150

482

G738.8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 420

G738.8

BIRTH NO. /Registered No.

1. NAME OF DECEASED (Type or Print): CHRISTINA YOUNG

2. DATE OF DEATH: Apr. 25, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1804 E. 28th. Street
c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1804 E. 28th. Street 9-6

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 3, 1860
9. AGE (In years last birthday): 80 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Steinbach
14. MOTHER'S MAIDEN NAME: Johanna ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mrs. Louis Young - 1804 E.28th. St
ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO
(B) Arteriosclerotic Cardio Vascular Disease — 15-Nov-45
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15-Nov, 1945 *to* 25-April, 1949, *that I last saw the deceased alive on* 25-April, 1949, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Chas W. Edmonds M. D.
23B. ADDRESS: 2746 The Alameda
23C. DATE SIGNED: 26-April-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE - 13, MARYLAND

VS 150

937

ES-73775 G738.59 ✓ G738.59

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 350

Registered No.

1. NAME OF DECEASED (Type or Print): Henry Joseph Tegeler

2. DATE OF DEATH: 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

C. Length of stay in Baltimore: 46 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2662 Frederick Avenue 20-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Married	Oct. 4, 1899	49	6 / 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Tegeler (Zegeler)

14. MOTHER'S MAIDEN NAME: Mary Echle ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: Broncho-pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO: Paralysis Agitans

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-6- 19 42, *to* 4-27, 19 49, *that I last saw the deceased alive on* 4-27, 19 49, *and that death occurred at* 8:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 4940 EASTERN AVENUE

23C. DATE SIGNED: 4-27-49

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

24B. DATE: 4/29/49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Balto. Md.

ABSTRACT RECEIVED FOR REGISTRATION

REGISTRAR'S SIGNATURE: [signature] M.D.

25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 217 St. Paul St.

VS 150

107

GM. 128415 G73860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

G73860 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elsie Keegan

2. DATE OF DEATH 4- 25- 1949.

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Essex Balto. Co.) rural

D STREET ADDRESS (If rural, give location) 1634 Ricknebacker RD.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	White	Widowed	May 31 1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		?	

13. FATHER S NAME James Ovington

14. MOTHER S MAIDEN NAME Elizabeth Bellemy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Records Balto. City Hospitals	4940 Eastern Ave.

18. CAUSE OF DEATH

I **DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II **OTHER SIGNIFICANT CONDITIONS** CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐ No

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 4- 21- , 1949, *to* 4- 25- , 1949 *that I last saw the deceased alive on* 4- 25- , 1949 *and that death occurred at* 3.05 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. B. Chesney M. D.	B.C.H. 4940 Eastern Ave.	4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/29/49	Prospect Hill	Towson Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Hunting for Williams, M.D.	Wm Cook Inc.	217 St. Paul St.

VS 150

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6738-1 | BALTIMORE CITY HEALTH DEPARTMENT | 16738-1

CERTIFICATE OF DEATH

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Freeman Clyde Bortner

2. DATE OF DEATH: April 27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 100 E 23rd St

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Becks Diagnostic Clinic

Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 106 W University Pkwy
B. COUNTY: Balto Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 12-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Mar 31-1886
9. AGE (In years last birthday): 63 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.): 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comptroller
10B. KIND OF BUSINESS OR INDUSTRY: Drug Business.
11. BIRTHPLACE (State or foreign country): Centerville Pa.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Albert Bortner.
14. MOTHER'S MAIDEN NAME: Lillie Goodling.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 215-03-2024
17. INFORMANT: Mrs. J. Clyde Bortner ADDRESS 106 W

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Coronary Insufficiency — 4 mos
DUE TO
(C) myocardial failure — 3 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1924 *to* April 27, 1949 *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 6:15A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathaniel M Beck M.D.
23B. ADDRESS: 100 E. 23rd St
23C. DATE SIGNED: April 27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/29/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Cockeysville Md

DATE RECEIVED BY LOCAL REGISTRAR: APR
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
FUNERAL DIRECTOR: Wilhom & Son
ADDRESS: 1214 E Fayette St

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7544 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Cox

2. DATE OF DEATH April 27 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Alabama. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elba.
D. STREET ADDRESS (If rural, give location) Box 174

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH 12-24-48

9. AGE (In years last birthday) — If Under 1 Year: Months 4 Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alabama.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herbert J. Cox

14. MOTHER'S MAIDEN NAME Alice Clunk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Heart disease
DUE TO Tricuspid atresia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4-21-49

19B. MAJOR FINDINGS OF OPERATION Tricuspid atresia

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20 *,* 1949 *to* 4-27 *,* 1949*, that I last saw the deceased alive on* 4-27 *,* 1949*, and that death occurred at* 6.30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE W. H. Mullins Jr. M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4/29/49

24C. NAME OF CEMETERY OR CREMATORY Elba

24D. LOCATION (City, town or county) (State) Elba Alabama

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Nathans & Orr

ADDRESS 17 St Paul St

VS 150

157E

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Warren

2. DATE OF DEATH 4/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 248- Pine Street
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-2
D. STREET ADDRESS (If rural, give location) 248- Pine Street

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	Col.	Single	Aug. 12 1926	22		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		So. Hampton Va	U. S. A.

13. FATHER'S NAME August Scott

14. MOTHER'S MAIDEN NAME Mary Lou Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mary Hawkins	248- Pine St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic Endocarditis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos under care.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21 *1949 to* 4/25 *, 1949, that I last saw the deceased alive on* 4/25 *, 1949, and that death occurred at* 5:45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dan Warden M. D.	1111 Eutaw	4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Shipped	Apr 28	Franklin Va.	

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		W. Halstead	918 Druid Hill Ave.

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

H 20 1 [illegible] 38 Registered No. 1

1. NAME OF DECEASED (Type or Print): Rozalia Koval (Rose Vach) — 2. DATE OF DEATH: 4/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 2

c. Length of stay in Baltimore: 50 yrs (Yrs. / Mos. / Days)

D. STREET ADDRESS (If rural, give location): 1013 Warden St 10-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widow	May 25, 1883	65 66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Czaja	Zofia Wik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Maria Pullifrone	1013 Warden St

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Coronary Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
C. J. Subranski M.D.		4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-30-49	St. Stanislaus	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	George A. Weber	706 So. Ann St

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G738:5 ✓ G738:5

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

N-802.0 700.0 Registered No.

1. NAME OF DECEASED (Type or Print): Thomas J. Byrnes

2. DATE OF DEATH: April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-2
D STREET ADDRESS (If rural, give location): 612 N. Lakewood Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/27/1888
9. AGE (In years last birthday): 61 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee Keeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Byrne
14. MOTHER'S MAIDEN NAME: Katharine Donavin

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Geo P. Byrne ADDRESS: 612 N Lakewood

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull.
DUE TO Intracranial hemorrhage
(B) Contusion of brain.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonary tuberculosis.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 612 N. Lakewood Ave. 7-2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 26, 1949 ? m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Slipped and fell down steps (inside

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Geo G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Apr. 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/29/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Custer for Williams, M.D.
25. FUNERAL DIRECTOR: Ulrich Funeral Home ADDRESS: 2907 Elsbern St

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G738:6

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pugh, Mrs Davis — 5811

2. DATE OF DEATH 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Rocks
D. STREET ADDRESS (If rural, give location) —

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH May 13 1907

9. AGE (In years last birthday) 41

If Under 1 Year: Months 11 Days 17

If Under 24 Hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Marion Va

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Roby Pugh

14. MOTHER'S MAIDEN NAME Mollie Worn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, no or unknown)

16. SOCIAL SECURITY NO

17. INFORMANT John C Pugh ADDRESS Rocks md.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute fulminating virus DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Homologous serum jaundice (otcn) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23-, 1949 *to* 4-27, 1949 *that I last saw the deceased alive on* 4-27, 1949 *and that death occurred at* 5:37 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Allen R Manning M. D.

23B. ADDRESS Univ. Hosp.

23C. DATE SIGNED 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Apr 30 49

24C. NAME OF CEMETERY OR CREMATORY Corinth

24D. LOCATION (City, town, or county) (State) Rocky Va

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949

REGISTRAR'S SIGNATURE Remington for Williams, MD

25. FUNERAL DIRECTOR Martin G Reed ADDRESS Jarrettsville Md

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4?7

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK Theobald FILIPPINO

2. DATE OF DEATH: APRIL 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Colonial Nursing Home 4506 SORRENTO AVE
C. Length of stay in Baltimore: 61 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 209 S. PULASKI ST.

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: MAY 20, 1880
9. AGE (In years last birthday): 68
If Under 1 Year: Months 11 Days 5
If Under 24 Hours: Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MASTER MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FERDINAND FILIPPINO
14. MOTHER'S MAIDEN NAME: CHRISTINA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: ?

17. INFORMANT: HELEN FILIPPINO
ADDRESS: 209 S. PULASKI ST

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hemiplegia - Hypertension
DUE TO Cerebro Vascular Disease.
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Carcinoma of Bladder.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ___, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Nitsch M.D.
23B ADDRESS: 351 W. Mulberry St.
23C DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B DATE: April 28, 1949
24C NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
24D LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25 FUNERAL DIRECTOR: GEORGE L. SCHWAB
ADDRESS: 2101 FREDERICK AVE.

VS 150

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 410

1. NAME OF DECEASED (Type or Print): FRANK STRUMSKY

2. DATE OF DEATH: APRIL 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1623 DeSoto Road

C. Length of stay in Baltimore: 57 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1623 DE SOTO ROAD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: SEPT. 16, 1879
9. AGE (In years last birthday): 69
If Under 1 Year: Months 7, Days 11
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JULIUS STRUMSKY

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): NO — NONE

16. SOCIAL SECURITY NO: 220-03-0091

17. INFORMANT: MRS STANLEY MAKARES — ADDRESS: 729 S. LAKEWOOD

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Hypertension. Arteriosclerosis
DUE TO
(C) Mitral Insufficiency
Acute Cardiac Failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1949 *to* April 27, 1949 *that I last saw the deceased alive on* April 27, 1949 *and that death occurred at* 12 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Robert O Mitchell M.D.
23B. ADDRESS: 705 Medical Arts
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: APRIL 30, 1949
24C. NAME OF CEMETERY OR CREMATORY: LORRAINE PARK
24D. LOCATION (City, Town, or County) (State): BALTO. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: [illegible], M.D.

25. FUNERAL DIRECTOR: GEORGE L SCHWAB — ADDRESS: 2101 Frederick Ave

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16 ✓

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHIARINA BAVOTA

2 DATE OF DEATH APRIL 27 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B COUNTY 2813 BRIGHTON ST.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE MARYLAND
D STREET ADDRESS (If rural, give location) 16-9

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2813 BRIGHTON ST.

c. Length of stay in Baltimore 44 Yrs. Mos. Days

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
FEMALE	WHITE	WIDOWED	APRIL-9-1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		LARINO, ITALY	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
LOUIS GENTILE	MARIA LANZA

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		MICHAEL BAVOTA	2813 BRIGHTON ST

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)	(A)	Primary Carcinoma of Lung	1 yrs.
	DUE TO		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) DUE TO	Myocarditis	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C)		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 10, 1948, to April 27, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 4 A.m., from the causes and on the date stated above.

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Harry Lachman M. D.	2922 Gilon Ave	April 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	APRIL 30 1949	HOLY REDEEMER	BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR	Huntington Williams, M.D.	Raymond C. Fink	47D

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 420

Registered No.

1. NAME OF DECEASED (Type or Print) **Peter J. Buttner**

2. DATE OF DEATH **4-26-49**

3. PLACE OF DEATH:
a. **Baltimore City, Maryland**

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals 4940 Eastern Ave.**

c. Length of stay in Baltimore **Life** Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D STREET ADDRESS (If rural, give location) **523 S. Rappolla St.** 26-5

5. SEX **M** | 6. COLOR OR RACE **W** | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Wid.**

8. DATE OF BIRTH **March 29, 1876** | 9. AGE (In years last birthday) **73** | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** | 10B. KIND OF BUSINESS OR INDUSTRY **Buttered Co.**

11. BIRTHPLACE (State or foreign country) **Md.** | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Peter J. Buttner**

14. MOTHER'S MAIDEN NAME **Mary - Unk**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **B. C. H. Records, 4940 Eastern Ave.** ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

For: Wm. G. Helfrich M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION **4-13-49**

19B. MAJOR FINDINGS OF OPERATION **Intertrochanteric fracture left femur**

20. AUTOPSY? YES ☐ NO **No** ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) **Accident**

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **523 S. Rappolla St.**

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) **4-8-49** m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK **No**

21F. HOW DID INJURY OCCUR? **Fell off a chair**

22. *I hereby certify that I attended the deceased from* **April 8**, 19**49**, *to* **April 26**, 19**49**, *that I last saw the deceased alive on* **April 26**, 19**49**, *and that death occurred at* **8.15pm** m., *from the causes and on the date stated above.*

23A. SIGNATURE **P. J. Doyle** M. D.

23B. ADDRESS **4940 Eastern Ave**

23C. DATE SIGNED **4-27-49**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **Apr. 29-49**

24C. NAME OF CEMETERY OR CREMATORY **Morland**

24D. LOCATION (City, town, or county) (State) **Lalto Co, Md**

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1949

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **John S. Connelly**

ADDRESS **48 Eastern Ave**

VS 150

To be approved by Medical Examiner.

186a

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 414

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Martha M. Fisher

2. DATE OF DEATH April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1606 Charlotte Avenue
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1606 Charlotte Ave.

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH Sept. 17, 1884
9. AGE (In years last birthday) 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Harris
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John L. Fisher ADDRESS 1606 Charlotte Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic valvular heart disease — Interval between onset and death: 2 years.
DUE TO
(B) hypertension — 15 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1946, *to* Apr 26, 1949, *that I last saw the deceased alive on* Apr 26, 1949, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Elford H. Anderson M. D.
23B ADDRESS 2 Dundalk Ave Dundalk Md
23C DATE SIGNED 4/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 28, 1949
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24D. LOCATION (City, town, or county) Baltimore Co. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Roland L. Fisher ADDRESS 2112 Dundalk Ave

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6738.72 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Samuel E Archibald

2. DATE OF DEATH: April 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 110 W Oster Ave

3b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md — B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 110 W Oster ave 23-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 22, 1862
9. AGE (In years last birthday): 87 — If under 1 Year: Months 1, Days 3 — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Archibald
14. MOTHER'S MAIDEN NAME: Josephine Koch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs Elsie Hancock — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Pneumonia — 3 days
DUE TO
(B) Chronic Myocarditis — 1 mos
DUE TO
(C) Senility
Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949 *to* April 27, 1949, *that I last saw the deceased alive on* 4/27, 1949 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Isaac Miller M. D.
23B. ADDRESS: 122 Allendale St
23C. DATE SIGNED: 4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 30, 1949
24C. NAME OF CEMETERY OR CREMATORY: Meadow Hill
24D. LOCATION (City, town, or county) (State): Anne Arundel Md
DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.
25. FUNERAL DIRECTOR: A. Howard Ellers — ADDRESS: 1410 S Gaylord St

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G738'3 CERTIFICATE CORRECTED 5-12-49 G738'3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Diacumakos

2. DATE OF DEATH 4/25/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 3022 E. Pratt st. 1-2

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 1/1/1894

9. AGE (In years last birthday) 55 yrs If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant owner

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George

14. MOTHER'S MAIDEN NAME Helen Kesilakos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Remnant Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22 *, 19*49 *to* 4-25 *, 19*49 *that I last saw the deceased alive on* 4-25 *, 19*49 *, and that death occurred at* 1 55 *m., from the causes and on the date stated above.*

23A. SIGNATURE Edward Thomas Vourlis M. D.

23B. ADDRESS St. Agnes Hospital

23C. DATE SIGNED 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 4-28-49

24C. NAME OF CEMETERY OR CREMATORY Greek

24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949

REGISTRAR'S SIGNATURE Courtenay Williams, M.D.

25. FUNERAL DIRECTOR Zambros Inc ADDRESS 438 E. North ave

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✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G738.4

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clarence Robinson (Clarence Ross)

2. DATE OF DEATH: 4-26-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
C. Length of stay in Baltimore: 51 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Prince Georges
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Balto.~~ Laurel
D. STREET ADDRESS (If rural, give location): Laurel Racetrack

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Div.
8. DATE OF BIRTH: June 5, 1897
9. AGE (In years last birthday): 51
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Robinson (Colored)
14. MOTHER'S MAIDEN NAME: Cora Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS: 4940 EASTERN AVE.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral Far Advanced Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Spontaneous Right Pneumo-thorax — INTERVAL BETWEEN ONSET AND DEATH: 5 Days.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1949 *to* 4-26, 1949, *that I last saw the deceased alive on* 4-26, 1949, *and that death occurred at* 12 midn., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers, M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/28/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, Town, or County) (State): Chicago, Illinois

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles P. Law
ADDRESS: 802 Madison Ave-1

VS 150

1210

G738'75

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G738'75

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) GRASON EVANS STREETT

2. DATE OF DEATH April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hosp.
c. Length of stay in Baltimore 58 yrs, 8 mos (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-8
D. STREET ADDRESS (If rural, give location) 540 East 23rd Street.

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug. 19, 1890
9. AGE (In years last birthday) 58 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervison of Shipping
10B. KIND OF BUSINESS OR INDUSTRY Black & Decker
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME John Thomas Streett.
14. MOTHER'S MAIDEN NAME Mollie Evans.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) World #1 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mr. Thomas G. Young, Jr., ADDRESS 316 Equitable Bldg.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchogenic Carcinoma with metastasis to lymph nodes and liver

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1949, *to* April 26, 1949 *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 3:55 P *m., from the causes and on the date stated above.*

23A. SIGNATURE J. Frank Supplee III M. D.
23B. ADDRESS Union Memorial Hosp.
23C. DATE SIGNED April 27, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 4/29/49
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949
REGISTRAR'S SIGNATURE [illegible], M.D.
25 FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

VS 150

47c

G738'76

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 3 G738'76

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elva Rolph

N-821

2. DATE OF DEATH: April 27.1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2117 Dennison St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 40 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
3911 Bonner Road
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
baltimore
D. STREET ADDRESS (If rural, give location)
3911 Bonner Road

15-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	June 26. 1861	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	none	queen anne Co. Md.	U. S.

13. FATHER'S NAME: John Rolph

14. MOTHER'S MAIDEN NAME: Rachel J. Tarbutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Louise S. Roberts	

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

(B) Fracture Both femurs

DUE TO

(C) Old Pathological - Bone Atrophy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

CERTIFICATION APPROVED BY

M. D.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (Give street address or R.F.D. No., City, or County; give exact location)
Accident	Home	At Home

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Mar 30, 1949 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Fell--Slipped and fell to floor

22. *I hereby certify that I attended the deceased from* Mar 30, 1949 *to* Apr 27, 1949 *that I last saw the deceased alive on* Apr 29, 1949, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Raymond E. Lenhart M. D.	1107 St Paul St. Brooklyn Md	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	April 29.1949	Sudlersville Cemetery	Sudlersville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/28 1949	Huntington Williams, M.D.	John O. Mitchell Sons.	1900 Eutaw Place

VS 150

186a

G738.7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G738.7

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SUSANNA SPENCER MATHEWS

2. DATE OF DEATH 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18
D. STREET ADDRESS (If rural, give location) 604 W 38th Street 13-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
F	W	MARRIED	Oct 19 1860	89	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Maryland	U.S.A.

13. FATHER'S NAME Edward Harrison

14. MOTHER'S MAIDEN NAME Janet Foreman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	—		Emory H. Thomas	Same

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH < 2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Thrombosis ? Pleural effusion ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Paralysis, auricular tachycardia

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
0		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-22, 1949 *to* 4-27, 1949 *that I last saw the deceased alive on* 4-27, 1949 *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William P. Benson Jr. M. D.	Union Memorial Hosp.	4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	April 29	Spring Hill Cemetery	Easton Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 28 1949	Huntington Williams, M.D.	John O Mitchell	Lows 19 Entaw Place

94a

A 73 578 BALTIMORE CITY HEALTH DEPARTMENT A 73878
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print): Joseph Genter - Gonta - Gunta
2. DATE OF DEATH: 4-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3421 Dillon St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-9
D. STREET ADDRESS (If rural, give location): 3421 Dillon St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4 1884
9. AGE (In years last birthday): 65 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Russian
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Genter
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. Elizabeth Genter ADDRESS: 3421 Dillon St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.
DUE TO
(B) Arteriosclerosis Generalized Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertension vs Cerebrovascular Disease ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Robert B McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 28-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Russian
24D. LOCATION (City, town, or county) (State): Elkridge Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J Grebinstock Jr ADDRESS: 937 1905 6. Pratt St

S 151

G73879 — BALTIMORE CITY HEALTH DEPARTMENT — G73879

CERTIFICATE OF DEATH

BIRTH NO — Registered No.

1. NAME OF DECEASED (Type or Print): KATIE EDMONIA MACK

2. DATE OF DEATH: April 28th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital and Free Dispensary
c. Length of stay in Baltimore: 93 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MARYLAND — B COUNTY: Charles
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): POMONKEY.
D. STREET ADDRESS (If rural, give location):

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 8-17-1810
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CHARLES COUNTY, MARYLAND
12. CITIZEN OF WHAT COUNTRY?: -
13. FATHER'S NAME: WEBSTER MACK
14. MOTHER'S MAIDEN NAME: CAROLINE CHANDLER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT — ADDRESS: Hospital Records

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Gangrene - Both lower legs — Interval between onset and death: 10 days

DUE TO

(B) Diabetes Mellitus — Interval: Unknown

DUE TO

(C) Hypertensive C-V Disease — Interval: Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

With Congestive Failure (Comp.).

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6-49, 19__, *to* 4-28-49, 19__, *that I last saw the deceased alive on* 4-27-49 19__ *and that death occurred at* 5:40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: William B. Doyle M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): 24B. DATE: 4-28-49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Washington DC

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Turlington Williams, M.D.
25 FUNERAL DIRECTOR — ADDRESS: Barnes & Matthews 614-4th N.W.

OR 78 1949

61

G73860

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73860

Registered No.

1. NAME OF DECEASED (Type or Print): Blanche E. NOVAK

2. DATE OF DEATH: 4-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1413 Cooksie ST
C. Length of stay in Baltimore: Yrs. 57 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write "Not in" and give township): Baltimore 4-1
D. STREET ADDRESS (If rural, give location): 1413 Cooksie ST

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-17-1891
9. AGE (In years last birthday): 57 | Under 1 Year: Months 6 Days 8 | Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Wheeler
14. MOTHER'S MAIDEN NAME: Lena Clacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Raymond NOVAK ADDRESS

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1½
DUE TO
ANTECEDENT CAUSES
B) Arteriosclerosis — 1½
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
C) Chronic Nephritis — 1½

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: No
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949, *to* April 25, 1949, *that I last saw the deceased alive on* April 25, 1949, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: I. F. Stevens M.D.
23B. ADDRESS: 2618 Harford Rd
23C. DATE SIGNED: 4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-30-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross cemetery
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1949
REGISTRAR'S SIGNATURE: Registrar Williams, M.D.
25. FUNERAL DIRECTOR: Chas. F. Gill
ADDRESS: 15 E. Fort Ave

1312

B.C. H-9034
G73851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 G73851
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LINDA ROSE MARIE COOK

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1404 Reynolds St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-1
D. STREET ADDRESS (If rural, give location): 1404 Reynolds Street (R.F.D.#9)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White		9-29-47	1	7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	----------	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Charles G. Cook

14. MOTHER'S MAIDEN NAME: Marie Bonle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Marie Cook, R.F.D. Balto. 25, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Congenital heart disease	
DUE TO		
ANTECEDENT CAUSES. (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspect. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D.	☒	April 28, 19

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-29-49	Holy Rood cemetery	Richmond Hgts. Brooklyn

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 28 1949	Huntington Williams, M.D.	Charles F. Dill 1501 E Fort Ave

157E

G73882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73882

Registered No.

BIRTH NO. 4/20/

1. NAME OF DECEASED (Type or Print): Mary M. Evans

2. DATE OF DEATH: Apr. 27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — 264 S. Highland Ave Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto. City
B. COUNTY: Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 264 S. Highland Ave. 26-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
Female	White	Widow	Feb. 24, 1869	80	2	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
---	-----	Balto. Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
---- Johnson	Mary E. ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
---	----	----	Mr. Wm. E. Evans	106 S. Highland Ave.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Sclerosis

DUE TO

(B) Hypertensio + Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2/14, 1942 *to* 4/23, 1949 *that I last saw the deceased alive on* 4/23 1949, *and that death occurred at* 8.45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Gulet L. Brown M. D.	312 3 Eastern Ave	4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Apr. 30/49	Oak Lawn Cem.	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1949	[illegible]	Philip Irwig Sons	2024 Orleans St.

VS 150

94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73883

BIRTH NO. G73833

1. NAME OF DECEASED (Type or Print): Joshua Keller

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Johns Hopkins Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2211 E. OLIVER ST. 4-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
MALE	WHITE	MARRIED	Dec. 25, 1875	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	GUNMAKER - BATTERY		

13. FATHER'S NAME: JOSHUA KELLER

14. MOTHER'S MAIDEN NAME: BARBARA TURNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: MRS MARGARET KELLER — ADDRESS: 2211 E. OLIVER ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William G. Kerfoot M.D	☑	4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	APRIL 30'49	OAKLAWN	7225 EASTERN AVE

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
APR 28 1949	Huntington Williams, M.D.	HARRY H WITZKE - 4101 EDMONDSON AVE

VS 151

93D

G73834 ✓ G73884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Nicholas Ulrich

2. DATE OF DEATH: April 26/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 S. Willard St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 104 S. Willard St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: July 19,1860
9. AGE (In years last birthday): 88 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nicholas Ulrich
14. MOTHER'S MAIDEN NAME: Barbara -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Niece — ADDRESS: Mrs. Edna Ulrich, 515 Millington Lane

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23 '49 *to* April 26 '49, *that I last saw the deceased alive on* April 25 '49, *and that death occurred at* 8:30 P m, *from the causes and on the date stated above.*

23A. SIGNATURE: W. R. Johnson M. D.
23B. ADDRESS: 403 Medical Arts Bldg
23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 29/49
24C. NAME OF CEMETERY OR CREMATORY: Western, Edmondson Ave. & Longwood St. Balto. Md.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: 29 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry F. Weitzel
ADDRESS: 4101 Edmondson Ave.

VS 150

937

G73885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-3 G73885 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret H. Coale

2. DATE OF DEATH 4, 27, 49

3. PLACE OF DEATH: A. Baltimore City. Maryland 27 N Carey St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital 27 N Carey St

C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2555 Druid Park Drive

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 9, 1892
9. AGE (In years last birthday) 56
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Coale
14. MOTHER'S MAIDEN NAME Emma-----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sister ADDRESS Mrs. Maude Suter, 202 Beaumont Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Intestines — INTERVAL BETWEEN ONSET AND DEATH 2yrs
DUE TO
(B) Diabetes Mellitus — 2yrs
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-48 *to* 4-26-49, *that I last saw the deceased alive on* 4-23-49, *and that death occurred at* 2554 m., *from the causes and on the date stated above.*

23A. SIGNATURE W. P. Johnson M. D.
23B. ADDRESS 403 Medical Arts Bldg
23C. DATE SIGNED 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 29/49
24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. 3801 Frederick Rd. Balto. 29 Md.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 4-28-1949
REGISTRAR'S SIGNATURE Tentington Williams M.D.
25. FUNERAL DIRECTOR Harry D. Wilhide Edmondson Ave
ADDRESS 4131 46E

VS 150

ERTIFICATE CORRECTED 5-4-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73886 Registered No. G73886

BIRTH NO. G73886

1. NAME OF DECEASED (Type or Print) MARY R. H. (Edgett) Edgett — N 99

2. DATE OF DEATH April 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Found: 1700 Clinton St.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3709 N. Charles St. / 2 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
female	white	married	Mar. 14, 1906	43				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Mt Pleasant, Pa.
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME Hugh Gribbin
14. MOTHER'S MAIDEN NAME Mary McKenna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Joseph W. Edgett ADDRESS 3709 N Charles St

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) Bay
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cheaspeake Bay.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) March 22, 1949 6:30 P.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Jumped from boat into water

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED April 27, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE April 30 - 1949
24C. NAME OF CEMETERY OR CREMATORY St. Charles City Cem. Mt. Pleasant Pa.
24D. LOCATION (City, town, or county) (State) Armistead Long Island, New York

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1949
REGISTRAR'S SIGNATURE Washington Williams M.D.
25. FUNERAL DIRECTOR Joseph Kaminskas Inc.
ADDRESS 602 Wash. Blvd

MEDICAL CERTIFICATION

164R

G73887 G73887

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443

Registered No. APRIL 28-49

1. NAME OF DECEASED (Type or Print) John Murphy

2. DATE OF DEATH 3-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2315 N Saratoga St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hosp

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Widowed	5.1.85	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - retired		Maryland	USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Joseph Summers ADDRESS 2315 Auburn Ave

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac decompensation

DUE TO

(B) ASCVD

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Hypertensive cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH: 4 days

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15-49, 19__, *to* 3-28-49, 19__, *that I last saw the deceased alive on* 4-28-49, 19__, *and that death occurred at* 2:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	W.B.G.H.	4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	APRIL 29-49	HAR SINAI CEMETERY	BREHMS LANE

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 28 1949	Washington Williams, M.D.	J. AHRENS & CO-2432 REISTERSTN RD

479

73888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73888

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bertha Heckelman

2. DATE OF DEATH 27 Apr 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 330 S. Lehigh St.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 330 S. Lehigh St. 76 07

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Divorced	11/19/1878	70	5	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Wroth

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Rachel Cohens ADDRESS 3305 Lake Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Wm. H. Kammer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED 27 Apr. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/29/49	Mt. Carmel	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Wm. Cole, Inc. 1217 St. Paul St.

923

G73889

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 17°

Registered No. G73889

1. NAME OF DECEASED (Type or Print): Lillian Esterson

2. DATE OF DEATH: April 27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2623 Loyola Southway
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-13
D. STREET ADDRESS (If rural, give location): 2623 Loyola Southway

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 22, 1908
9. AGE (In years last birthday): 41
If Under 1 Year: Months 2 Days 5 — If Under 24 Hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Sachs
14. MOTHER'S MAIDEN NAME: Sarah Sykes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Maurice Esterson - Loyola Southway ADDRESS 2623

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, breast — 4yrs. 9mos.
Metastasis, bones — 3yrs. 7mos.
Carcinomatosis — 2 months
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: August 1944
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1945, *to* 27 April, 1949 *that I last saw the deceased alive on* 27 April, 1949, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jas. P. Hamburger Jr. M. D.
23B ADDRESS: 1207 Eutaw Place
23C DATE SIGNED: 28 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-29-49
24C. NAME OF CEMETERY OR CREMATORY: Greater Balto. Lodge
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Sol Levinson & Bros.
ADDRESS: 1124-26 W. North Ave.

VS 150

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G73890 ✓773.5 G73890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 10-C-49-08324 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Hepburn

2. DATE OF DEATH: 4/27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 1524 Asquith Street 9-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	4/26/49			23 / 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vernon Jewel Hepburn
14. MOTHER'S MAIDEN NAME: Marjorie Catherine Buckingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Mother 1524 Asquith St.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cardio Resp. failure	23 hrs.
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/26 *, 19*49 *to* 4/27 *, 19*49 *, that I last saw the deceased alive on* 4/27 *, 19*49 *, and that death occurred at* 12 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles Lawrence Kuhn M.D.
23B. ADDRESS: 910 N. Lombard St
23C. DATE SIGNED: April 27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL APR 29 1949
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

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G73893 Disposal ✓X G73891

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776 Registered No.

1. NAME OF DECEASED (Type or Print): Baby "B" Rupp

2. DATE OF DEATH: APR 13 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cap Port
D. STREET ADDRESS (If rural give location): 720 2nd St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White		4/8/49			5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: Fred Rupp

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1949, *to* 4/13, 1949, *that I last saw the deceased alive on* 4/13, 1949, *and that death occurred at* 7:05 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
P. M. Hanna M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hope Dept.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.		

INSTRUCTIONS FOR CERTIFICATION

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Hospital Disposal

G73892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73892

BIRTH NO. B.C. 49-16961

1. NAME OF DECEASED (Type or Print): Baby Girl Bacote

2. DATE OF DEATH: April 22 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. 2 Mos. Days

D. STREET ADDRESS (If rural, give location): 513 W. Lafayette Ave. 17-04

6. SEX	7. COLOR OR RACE	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Child	4-20-49		2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Theodore Bacote

14. MOTHER'S MAIDEN NAME: Wanita Craig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-21 1949 *to* 4-22 1949, *that I last saw the deceased alive on* 4-22 1949, *and that death occurred at* 4 *to* P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton Markowe M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hart Delaford	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.		

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73893

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 73893

1. NAME OF DECEASED (Type or Print): MARION SORENSON

2. DATE OF DEATH: April 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1834 E. Fairmount Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White			30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia
DUE TO
(B) Fatty degeneration of liver
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
George G. Merrill M D		4-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	APR 25 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Commissioner of Health	

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CERTIFICATE CORRECTED

BIRTH NO. 738:54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G738:54

1. NAME OF DECEASED (Type or Print) ANTHONY ANGELO Also known as Tony D'Angelo

2. DATE OF DEATH April 11, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 610 West Baltimore Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white			67				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — Unknown

14. MOTHER'S MAIDEN NAME — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio vascular disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McCafferty M.D.		April 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL APR 25 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Commissioner of Health	

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73895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73895
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE WOODS 3 2 0

2. DATE OF DEATH April 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE California
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Los Angeles
D. STREET ADDRESS (If rural, give location) 341 S. Flower St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white			52				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Methyl alcohol poisoning
DUE TO
(B) Acute alcoholism
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE [signature] M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL APR 25 1949	24D. ADDRESS (Street and No., town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1949

REGISTRAR'S SIGNATURE [signature] Commissioner of Health

25. [illegible] ADDRESS

VS 151

77c

73896 | BALTIMORE CITY HEALTH DEPARTMENT | G73896

CERTIFICATE OF DEATH

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Joseph Bell
2. DATE OF DEATH: April 19, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 666 W. Franklin St. 17-01
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 45 | If Under 1 Year Months Days | If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Pneumonia — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D.
23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): APR 25 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 151

138

G73897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G73897

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Emily N. Wilks

2. DATE OF DEATH April 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 524 N. Arlington Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Widow	April 6, 1906	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME Elfine Nutter

14. MOTHER'S MAIDEN NAME Emma King.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mrs Doregatha Hines	524 N. Arlington Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 14 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio vascular disease — 6 mos.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-13-49 *to* 4-26-49, *that I last saw the deceased alive on* 4-26-49, *and that death occurred at* 2:35 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James D Carr, M. D.	1427 Madison Ave -11	4-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-29-49	Arbutus Memorial Park	Baltimore Co., Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Mrs. Frances H. Heasley & W. Biddle St.	578

VS 150

937

G73898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776

G73898 Registered No.

BIRTH NO. B.C.49-08411

1. NAME OF DECEASED (Type or Print): Baby Boy Nicholson

2. DATE OF DEATH: April 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5
D. STREET ADDRESS (If rural, give location): 624 N. Glover Street

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.

8. DATE OF BIRTH: April 23, 1949

9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min. 56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Raymond Nicholson

14. MOTHER'S MAIDEN NAME: Dolores Lohm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Raymond Nicholson ADDRESS: 624 N. Glover Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
Unknown
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Apr. 23, 1949 *to* 4-23, 1949, *that I last saw the deceased alive on* Apr. 23, 1949, *and that death occurred at* 6:77 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: Sinai Hosp. of Balto.

23C. DATE SIGNED: 4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL APR 26 1949

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Commissioner of Health ADDRESS:

VS 150

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G73899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-4 G73899

Registered No.

BIRTH NO. BR. 29-885-28

1. NAME OF DECEASED (Type or Print): Boy Shor

2. DATE OF DEATH: April 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2907 Violet Avenue

15 ✓

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	S.	April 22, 1949			4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Maryland	

13. FATHER'S NAME: Morton Shor

14. MOTHER'S MAIDEN NAME: Joan Grossman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Joan Shor	2907 Violet Avenue

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mult. Congenital Malformations — INTERVAL BETWEEN ONSET AND DEATH: 4 min.

DUE TO a) Agenesis of Kidneys

(B) b) [illegible] of lungs

DUE TO c) No diaphragm

(C) [illegible]

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 22, 19[illegible], *to* Apr. 22, 1949, *that I last saw the deceased alive on* Apr. 22, 1949, *and that death occurred at* 11:11 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr. M. Nelson M. D.	Sinai Hosp. Balto.	4-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL APR 26 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Commissioner of Health	

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673900

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673900
Registered No.

1. NAME OF DECEASED (Type or Print) HARRY SILVERMAN

2. DATE OF DEATH April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Franklin Square Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 39 South Stricker Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH
9. AGE (in years last birthday) 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Barney
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs Sol Lehrbergs — ADDRESS: 4012 Annesley Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull.
DUE TO (B) Intracranial hemorrhage.
DUE TO (C) Contusion of brain
DUE TO Terminal bronchopneumonia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore & Gilmore Sts.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 26 49 11p. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE George L. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-29-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

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G73901 ARINTHIA 59 G73901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Arinthia Major

2. DATE OF DEATH 4-26-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2026 McCulloh

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 60 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 2026 McCulloh 14-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	W	1826	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Va.	

13. FATHER'S NAME Mack Collins

14. MOTHER'S MAIDEN NAME Catherine West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Upsur S Major	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Nephritis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uremia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1 19 49 *to* 4/26 19 49, *that I last saw the deceased alive on* 4/27 19 49, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
B W Kelly Sr M. D.	213 [illegible] Hill	4/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5-2-49	Mt. Calvary	B.A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, MD	James Addison	142 W. Hill

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3902

BIRTH NO. B.C. 49-0902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776 G73902

Registered No.

1. NAME OF DECEASED (Type or Print): Baby. Young

2. DATE OF DEATH: 4/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1029 Broco

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1029 Broco St

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1029 Broco St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ballemore Mayland
D. STREET ADDRESS (If rural, give location) 1029 Broco St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Premature Infant	4/22/49	Premature		10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ballemore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. Young.

14. MOTHER'S MAIDEN NAME: Hinchen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO

17. INFORMANT: Husband ADDRESS: 1029 Broco St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22, 1949 *to* 4-22, 1949 *that I last saw the deceased alive on* 4-22, 1949, *and that death occurred at* 9:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: N. E. Chudi M. D.

23B. ADDRESS: 11 E Chase St.

23C. DATE SIGNED: 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State): APR 22 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Commissioner of Health

ADDRESS

VS 150

159

Twin: -I

3903 B.C. 49-09020
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76 G73903
Registered No.

1. NAME OF DECEASED (Type or Print): Baby Young

2. DATE OF DEATH: 4/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1029 Brasco St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1029 Brasco St

C. Length of stay in Baltimore: Yrs. Mos. Days: 10 Minutes

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1029 Brasco St
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 1029 Brasco Md. 21-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Premature Inf	4-22-49	Premature				10 Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md.	

13. FATHER'S NAME: John R Young

14. MOTHER'S MAIDEN NAME: Honchen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Husband	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-22, 1949, *to* 4-22, 1949, *that I last saw the deceased alive on* 4-22, 1949, *and that death occurred at* 9:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. E. Edwards, M. D.	11 E Chase St	4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	APR 22 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	DECEASED	Commissioner of Health	

VS 150

Huntington Hospital, M.D.

159

G73904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4/20

G73904

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Chester Waldvogel

2. DATE OF DEATH April 27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 Mallow Hill Ave.
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
D. STREET ADDRESS (If rural, give location) 5228 Cromarty Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	W.	Married	Aug. 1, 1897	51				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Manager
10B. KIND OF BUSINESS OR INDUSTRY Monumental Life Ins. Co.
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Waldvogel
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife ADDRESS Mrs. Clara Waldvogel, 5228 Cromarty r

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute Coronary occlusion	Sudden
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1948 *to* April, 1949, *that I last saw the deceased alive on* April 27, 1949, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Leo J. Zane M. D.
23B. ADDRESS 1 Mallow Hill Ave Baltimore Md
23C. DATE SIGNED April 27 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE April 30/49
24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk. Woodlawn, Md.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1949
25. FUNERAL DIRECTOR Harry F. Luitz
ADDRESS 4101 Edmondson Ave.

VS 150

94a

G73905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No. G73905

1. NAME OF DECEASED (Type or Print): George Leonard Phillips, Jr.

2. DATE OF DEATH: April 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
C. Length of stay in Baltimore: 60 yrs, 5 mos 20 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 420 East 32nd Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: Nov. 8, 1888
9. AGE (In years last birthday): 60 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Waverly Plumbing Co.
11. BIRTHPLACE (State or foreign country): Maryland (Balto.)
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George L. Phillips (D)
14. MOTHER'S MAIDEN NAME: Emma A. Schillinger (D)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. Mary H. Phillips - ADDRESS: 420 E. 31st St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 9 days
DUE TO
(B) Arteriosclerotic cardio-vascular disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25, 1949, *to* 4-28, 1949 *that I last saw the deceased alive on* 4-28, 1949, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: James McC. Finney M.D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/30/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

937

G73906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143

Registered No. G73906

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walter Robert Lindsay

2. DATE OF DEATH: April 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5440 Belair Road
Gardenville Nursing Home
c. Length of stay in Baltimore: 34 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 528 E. 20th Street 9-08

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Mar 29 1864
9. AGE (In years last birthday): 85 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howard Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lindsay
14. MOTHER'S MAIDEN NAME: Lucy Ann Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert R. Lindsay (son) ADDRESS: Towson, Md.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
DUE TO
(B) Arteriosclerosis (cerebral) (generalized) ?
DUE TO
(C) Hypertensive cardio-vascular disease ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Right hemaplegia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949 *to* April 28, 1949 *that I last saw the deceased alive on* April 27, 1949, *and that death occurred at* 4A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. W. Harbold M.D. M.D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: April 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: April 30 1949
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town or county) (State): Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS: Stewart & Mowen Co., 103 W. North Ave.

VS 150

93D Balto. #1, Md

73907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73907
Registered No.

1. NAME OF DECEASED (Type or Print): Emma Dora Burris

2. DATE OF DEATH: April 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1514 Division St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hosp.

C. Length of stay in Baltimore: 3d Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 2003 Druid Hill Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Widow	Feb. 21, 1885	64	— —	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Lancaster Co. Va	U. S. A.

13. FATHER'S NAME: Ereneias Coates

14. MOTHER'S MAIDEN NAME: Elsie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Mrs. Raymond Young	2003 Druid Hill Ave

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Secondary Hemorrhage	1 day
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Carcinoma of Omentum	?
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Umbilical Hernia	?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-23-49	Carcinoma of Omentum	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 15, 1949 *to* April 26, 1949 *that I last saw the deceased alive on* 4-26, 1949, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benjamin M. D.	1202 Monument	4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/30/49	Mt. Auburn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Mrs. C. W. A. Holland	1931 Druid Hill Ave

MEDICAL CERTIFICATION

VS 150

46 H

G73908

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G23908
Registered No. 5698

1. NAME OF DECEASED (Type or Print) Pattie Turner

2. DATE OF DEATH 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 W. Lanvale St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 20 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1708 W. Lanvale St. 16 03

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 1, 1894
9. AGE (In years last birthday) 55 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.) 3 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife
10B. KIND OF BUSINESS OR INDUSTRY Private home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Hazel V. Turner ADDRESS 1708 W. Lanvale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Tumor of brain
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT (C) Anemia of Split

INTERVAL BETWEEN ONSET AND DEATH unknown

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21-, 1949, *to* 4-27-, 1949, *that I last saw the deceased alive on* 4-26, 1949, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Frank A. Saunders M. D.
23B. ADDRESS 102 N. Stricker St.
23C. DATE SIGNED 4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/4/49
24C. NAME OF CEMETERY OR CREMATORY Arbutus Cem
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR George T. A. Gibson ADDRESS 1735 Druid Hill Ave

56D

G73909

BIRTH NO. B.C. 49-08278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

763.0

G73909
Registered No.

1. NAME OF DECEASED (Type or Print): Baby girl Foard (Patricia Ruth Foard)

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: Yrs. — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1908 Sherwood Avenue 9-28

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: April 21, 1949
9. AGE (In years last birthday): 0 | If Under 1 Year: Months 0, Days 7 | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: Joseph Foard
14. MOTHER'S MAIDEN NAME: Helen Litz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —

17. INFORMANT: Mr. Joseph Foard — ADDRESS: 1908 Sherwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Aspiration — DUE TO
(C) — DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pericarditis

INTERVAL BETWEEN ONSET AND DEATH: 7 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21, 1949 *to* April 28, 1949 *that I last saw the deceased alive on* April 28, 1949 *and that death occurred at* 12 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert J. Weiss, M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: April 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 4/29/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

107

G73910
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G73910

1. NAME OF DECEASED (Type or Print): Cesta Pittaway
2. DATE OF DEATH: April 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1507 E. Jefferson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	widowed	May 1-1895	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lester Perry
14. MOTHER'S MAIDEN NAME: Roxanna Austin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-27-, 1949 *to* 4-27-, 1949, *that I last saw the deceased alive on* 4-27-, 1949 *and that death occurred at* 4:20 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stanley M. Mellinkoff M. D.	JOHNS HOPKINS HOSPITAL	4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May-1-49	Perry Chapel	Louisburg - N. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Holland Funeral Home	1631 - Druid Hill Ave

VS 150

832

G73911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73911

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Harry D. Orem

2. DATE OF DEATH: 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen. Hosp.
C. Length of stay in Baltimore: 65 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3618 Roland Ave #11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 12-16-1874
9. AGE (In years last birthday): 74
If under 1 year: Months: 5 Days: 11
If under 24 hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.
10B. KIND OF BUSINESS OR INDUSTRY: J. P. Pfeffer & Son Inc.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James R. Orem
14. MOTHER'S MAIDEN NAME: Elizabeth Houser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 213-10-7123

17. INFORMANT: Mrs. Edith May Orem ADDRESS: 3618 Roland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Myocardial infarction
DUE TO
(C) A.S.C.V.D

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25, 1949 *to* 4-27-49, 19__, *that I last saw the deceased alive on* 4-27, 1949, *and that death occurred at* 1035 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D. | 23B. ADDRESS: West Baltimore Gen Hosp. | 23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: April 30-1949 | 24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge | 24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: Burgee Funeral Home | ADDRESS: 3631 Falls Road

VS 150

93D

G73912

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

416

G73912

Registered No.

1. NAME OF DECEASED (Type or Print): George A. Smith.

2. DATE OF DEATH: 4-27-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1624 W. Mulberry
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1624 W. Mulberry St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1624 W Mulberry St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1624 W. Mulberry St 19 01

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 12, 189?
9. AGE (In years last birthday): 55
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Smith.
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Emma E Smith ADDRESS: 1624 W. Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Peptic Ulcer

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8-49 *to* 4-27-49, *that I last saw the deceased alive on* 4-13-49, *and that death occurred at* 8:40 *p. m. from the causes and on the date stated above.*

23A. SIGNATURE: Ralph W. McWhorter M.D.
23B. ADDRESS: 4 E. N. Gilmor St
23C. DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-2-49
24C. NAME OF CEMETERY OR CREMATORY: St. Stephens Cem.
24D. LOCATION (City, town, or county): Essex (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington for Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Lottie R. Williams
ADDRESS: 3228 Schroeder St

VS 150

117B

G73913

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 153

Registered No. G73913

1. NAME OF DECEASED (Type or Print): LINDSAY, ADDIE MURRAY

2. DATE OF DEATH: 4-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQ. HOSP.

c. Length of stay in Baltimore: 2 Years Months Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TOWSON
D. STREET ADDRESS (If rural, give location): 721 PIERCE ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	MARRIED	9-25-1892	56	7	2 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pantry Woman	Restaurant	Md	U.S.A

13. FATHER'S NAME: LEWIS Murray

14. MOTHER'S MAIDEN NAME: BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	215-16-5822	HUSBAND	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-26, 19 9, *to* 4-27, 19 9, *that I last saw the deceased alive on* 4-27, 19 49, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. A. Bahorich M. D.	Franklin Sq Hosp	4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	4-29-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Mrs. Nate R. Williams	3224 Edmondson Ave

VS 150

46E

G73914 G73914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Eugene Grail

2. DATE OF DEATH 4/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days Lifer

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 305 Wash Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 305 Washburn Ave 25 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	4-28-1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iceman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ✓

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas P. Grail

14. MOTHER'S MAIDEN NAME Mary Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Anna M. Grail ADDRESS 305 Washburn Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

(B) Cardio-vascular disease

DUE TO

(C) C Hypertensive Arteriolsclerotic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION ✓ 19B. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ✓ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* 4-27, 1949, *to* 4-27-, 1949, *that I last saw the deceased alive on* 4-27-1949, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE J. L. Hollister M. D. 23B. ADDRESS 1413 Light St Genera/ Sooth Baltimore 23C. DATE SIGNED 4/27/1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 4-30-1949 24C. NAME OF CEMETERY OR CREMATORY Cathedral 24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 29 1949 REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Flynn & Fleming ADDRESS 1426 Light St.

93D

73915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. G73915

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry Williams

2. DATE OF DEATH 4-15-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1109 Thomsen Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	Colored	Single	7/5/1882	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Williams

14. MOTHER'S MAIDEN NAME Greish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Glomerulonephritis, Chronic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uremia

(C) Pulmonary Edema

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Left ventricular Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1949, *to* 4/15, 1949 *that I last saw the deceased alive on* 4/15, 1949, *and that death occurred at* 7:20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE Alex Gottlieb M. D. — 23B. ADDRESS SBGH — 23C. DATE SIGNED 4/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify) — 24B. DATE — 24C. NAME OF CEMETERY OR CREMATORY University Medical School — 24D. LOCATION (City, town, or county) (State) APR 19 1949

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949

REGISTRAR'S SIGNATURE Cunningham Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS Commissioner of Health

VS 150

1312

G73916

BIRTH NO. JL- 128560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73916

1. NAME OF DECEASED (Type or Print) **Milton Weeks**

2. DATE OF DEATH **4-27-49**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals 4940 Eastern Ave.**
C. Length of stay in Baltimore **5 hrs.** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **1112 N. Stockton St.** 16-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
M	Negro	Married	March 11, 1891	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME **Robert Weeks**

14. MOTHER'S MAIDEN NAME **Lucy ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			B. C. H. Records,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic heart disease** — Interval between onset and death: **3yrs.**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* **April 27**, 19**49**, *to* **April 27**, 19**49** *that I last saw the deceased alive on* **April 27**, 19**49** *and that death occurred at* **7.20 pm**., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. J. Rogers M. D.	Baltimore City Hospitals	4-28-49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/2/49	Mt Calvary	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Geo. H. Kelton	1303 Druid Hill Ave

VS 150

937

G73917

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73917

1. NAME OF DECEASED (Type or Print): Samuel Small

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1331 N. Caroline St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1331 N. Caroline St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-25-07
9. AGE (In years last birthday): 42 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Small
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Peter Small — ADDRESS: 1227 E. Monument St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of coronary artery, with massive hemorrhage into pericardial cavity.

DUE TO

(B) Syphilitic aortitis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(C)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Apr. 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/30/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. County, Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph S. Locke, Jr. — ADDRESS: 1304 N. Central Ave

VS 151

30D V

BIRTH NO. 673918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 903 673918

1. NAME OF DECEASED (Type or Print): JENNIE V. RUFF — N-821.0

2. DATE OF DEATH: 4/24/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL
c. Length of stay in Baltimore: 56yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1048 Brantley Ave. 16 21

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/6/1885
9. AGE (In years last birthday): 64 — If under 1 Year: Months 1, Days 18 — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN BUTLER
14. MOTHER'S MAIDEN NAME: NANCY DELANEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lillian Lee — ADDRESS: 1017 Harlem Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pulmonary Embolism	10 Hrs.
DUE TO (B)	Intra-trachantric Fracture (CERTIFICATION APPROVED BY N.B.M.)	30 days
DUE TO (C)	Arteriosclerotic Heart	7
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diabetes. Secondary Anemia	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1048 Brantley Ave. 16/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/25/49 (A.) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fell leaving Bathroom

22. *I hereby certify that I attended the deceased from* 3/28, 1949 *to* 4/24, 1949 *that I last saw the deceased alive on* 4/23, 1949 *and that death occurred at* 9.55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Preston Grant, M.D.
23B. ADDRESS: 601 N. Carrollton
23C. DATE SIGNED: 4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/29/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: 4/29/1949
REGISTRAR'S SIGNATURE: Evelyn Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Charles G. Cooper — 512 N. Carrollton Av

186a

G73919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/6 G73919

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) **Dolores Squerrini**

2 DATE OF DEATH **April 27 1949**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **135 N. Highland Ave**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE **Md.**
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) **Baltimore**
D STREET ADDRESS (If rural, give location) **135 N. Highland Ave** 4/6 - 4/7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	White	Single	March 15 1941	8	1 / 12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Alfredo Squerrini**

14. MOTHER'S MAIDEN NAME **Ida Esposito**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT **Ida Squerrini** ADDRESS **135 N. Highland Ave**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Rheumatic C.V. disease	
DUE TO		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES [ ] NO [✓]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Feb 19 49 *to* 4/27, 19 49, *that I last saw the deceased alive on* 4/27, 19 49, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Jos. Gordon, M.D.	3400 Eastern Ave	4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	April 30 1949	Holy Redeemer Cemetery	4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington for Williams, M.D.	Grandstella Moore	322 S. High St.

VS 150

58c

G73920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 Registered No. G73920

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dr. Timothy Heatwole

2. DATE OF DEATH: April 28/949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.

c. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): Walbert Apts. Chas. & Lafayette

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	Widowed	Feby 18 1865	84	2 / 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Physician	Va.	U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		H. S. B. Latham	1210 Argonne Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute phlegmonous cholecystitis

DUE TO,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma bowel

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis CVD

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-18, 1949, *to* 4-28, 1949, *that I last saw the deceased alive on* 4-28, 1949, *and that death occurred at* 8:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. C. Hunter M.D.	University Hospital	4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)
Burial	April 30/49	Woodlawn Cemetery	Gwynns Oak Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, Mgr	John O Mitchell Sons	1900 Eutaw Place

VS 150

46E

G73921

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 90 N. 0

Registered No. G73921

1. NAME OF DECEASED (Type or Print) Caroline Kirkwood — N - E 20.0 — 2 DATE OF DEATH 4-27-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A STATE Md B COUNTY

C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D STREET ADDRESS (If rural, give location) 4425 Mannasota Ave

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	M	March 21, 1876	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Baltimore, Md

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August Siemann

14 MOTHER'S MAIDEN NAME Christiana Duffort

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT Mrs Wm Gyo[illegible] ADDRESS 4425 Mannasota

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Hypostatic Pneumonia and Heart Failure	4-15-49
DUE TO (B)	Fracture of Neck of Rt. Femur	4-14-49
DUE TO (C)		

CERTIFICATION APPROVED BY

Geo. L. Merrill, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
accident	home	4425 Mannasota Avenue 26/2

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
4 14 49 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell attempting to get out of bed

22 *I hereby certify that I attended the deceased from* 4-15, 1949, to 4-26, 1949, *that I last saw the deceased alive on* 4-26, 1949, *and that death occurred at* 7 30 m., *from the causes and on the date stated above.*

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
Jno M Bardinero M.D.	Mercy Hosp.	4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	4-30-49	Loudon Park	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
APR 29 1949	[illegible]	Leonard J. Luck	5305 Harford Rd.

VS 150

186a

73922

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

410

G73922
Registered No.

1. NAME OF DECEASED (Type or Print) Leonard John Newns, Jr.,

2. DATE OF DEATH 4/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 4655 Delaware Ave.,

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D STREET ADDRESS (If rural, give location) 4655 Delaware Ave., 2-16

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white	single	Dec. 20, 1915	33		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Clerk,	Race Track	Baltimore, Md.	U.S.A.

13. FATHER'S NAME Leonard John Newns, Sr.

14 MOTHER'S MAIDEN NAME Mary E. Donohue,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no	212-05-7306	Mrs. Mary E. Newns,	4655 Del. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pulmonary embolism	2 minutes
DUE TO (B)	Mitral insufficiency	10 years +
DUE TO (C)	Rheumatic heart disease	" "
ANTECEDENT CAUSES II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Auricular fibrillation	1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1939, *to* 4/27, 1949 *that I last saw the deceased alive on* 4/23, 1949, *and that death occurred at* ___ A. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Ala Bernstein M. D.	1109 N. Calvert St.,	4/ /49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
burial	4/30/49	Druid Ridge Cem.	Pikesville, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington for Williams, M.D.	C. V. Lemmon,	4611 Park Hgts. Ave.

VS 150

92B

G73923

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73923

Registered No.

1. NAME OF DECEASED (Type or Print) ALMA Davis

2. DATE OF DEATH April 28- 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1331 N 41 St

C. Length of stay in Baltimore 53 yr. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 1331 N 41 St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Married	July 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Ohio	

13. FATHER'S NAME John Beebe

14. MOTHER'S MAIDEN NAME Comfort A. Parks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mrs Carrie Hardesty

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — Interval between onset and death: 2 days

DUE TO

(B) Arteriosclerosis CVD — ?.

DUE TO

(C) Diabetes Mellitus — ?.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 28, *to* 4-28-49, 19 49, *that I last saw the deceased alive on* 4-20, 19 49, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lawrence Hunnaseth M. D.	3711 Gally Rd	4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 30-49	Woodlawn	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	Frank A. Leahy	

VS 150

61

G73924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73924 E 8/9.4 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marksne (Mark She Jung Sing) Jungsing N-854

2. DATE OF DEATH April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Washington, D.C.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 4218 10th St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Married	Sept. 17/85	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		China	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mark Yen Chai	Chun She

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Jung Sing	Washington, D. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest
DUE TO Fracture left humerus
Fracture right femur.
(B)
DUE TO Subarachnoid hemorrhage.
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Route #1 Dorsey, Maryland a. a. Co.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
April 28, 1949 2:15P		Auto into stonewall

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George L. Merrill M.D.		April 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	May 2/49		Washington, D. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 29 1949	Huntington Williams, M.D.	H. C. Mears & Son	705 N. Calvert St.

VS 151

170C

Fureschi ✓

G73925 — BALTIMORE CITY HEALTH DEPARTMENT — G73925

CERTIFICATE OF DEATH 331

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Edwin Fureschi

2. DATE OF DEATH: 4-26-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 S Morley St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 118 S Morley St 20 07

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept 2, 1873
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henrico Fureschi
14. MOTHER'S MAIDEN NAME: Isabella Mathers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Lamb — ADDRESS: 5514 Park and Walbrook

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cerebral hemorrhage	30 minutes
DUE TO (B)	Arteriosclerosis, cerebral + generalized	Unknown
DUE TO (C)	—	

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1997 *to* April 26, 1949 *that I last saw the deceased alive on* Dec 26, 1948 *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magruder M. D. — 23B. ADDRESS: 908 Frederick Rd — 23C. DATE SIGNED: 4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 4-30-49 — 24C. NAME OF CEMETERY OR CREMATORY: London Park — 24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 29 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: George A Farley, Fulton and Fayette — ADDRESS

8 3a

G73926

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0

Registered No. G73926

1. NAME OF DECEASED (Type or Print) ROBERT S. MOONEY Jr.

2. DATE OF DEATH April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 344 South Carey Street 1903

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Married	9/16/1903	46	7 / 12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept
10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robt. S. Mooney Sr.
14. MOTHER'S MAIDEN NAME Virginia Ray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Marie Mooney ADDRESS 1333 W. Lombard st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured esophageal varices, with massive hemorrhage.
DUE TO
(B)
DUE TO
(C) Fatty degeneration of liver.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured neck of right femur.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH? other conditions
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 344 South Carey St. 19/3
21D. TIME OF INJURY (Month) 4 (Day) 23 (Year) 49 (Hour) ? m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Slipped and fell to the floor

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE George A. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED April 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/2/49
24C. NAME OF CEMETERY OR CREMATORY London Park
24D. LOCATION (City, town, or county) Baltimore (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 30 1949
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR Mathom & Orr
ADDRESS 1217 St Paul St

VS 151

1860

G73927 E 819.4 G73927

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73927

1. NAME OF DECEASED (Type or Print): Henry Olsen N-824. | 2. DATE OF DEATH: April 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 202 S. Broadway St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Single	June 3rd 1920	29	3	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman		Norway	

13. FATHER'S NAME: Jakob Olsen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Norwegian Consul	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull.
DUE TO (B) Fractured facial bones.
DUE TO (C) Fractured ribs.
DUE TO (D) Subarachnoid Hemorrhage.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Key Highway & Battery Ave. 22N

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 27, 1949 1:45 A.M.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	(Passenger) in car Auto into a box car

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George A. Merrill M.D.	[X]	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	5/3/49	Green Mount	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, M.D.	Wm Cook Inc.	127 St. Paul St.

VS 151

170 c ✓

G73928 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

G73938 — Registered No.

1. NAME OF DECEASED (Type or Print): Mazie V. Lane

2. DATE OF DEATH: Apr. 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1507 Druid Hill Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
c. Length of stay in Baltimore: Life (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1507 Druid Hill Ave

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 13, 1884
9. AGE (In years last birthday): 64
If Under 1 Year: Months 6, Days 16
If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Wood
14. MOTHER'S MAIDEN NAME: Julia A. Archer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Juliette G. Lane ADDRESS: 1703 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 0 days
DUE TO
(B) Essential Hypertension — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [?] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 27, 1949 *to* April 28, 1949, *that I last saw the deceased alive on* April 27, 1949, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: George McDonald M. D.
23B. ADDRESS: 844 N Caroline St
23C. DATE SIGNED: 4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 3, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: APR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John M. Johnson ADDRESS: 1200 Druid Hill Ave

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82a

G73923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73929

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise WRIGHT

2. DATE OF DEATH 29 Apr 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2120 N. Howard St.

5. SEX: Female
6. COLOR OR RACE: Negro
7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 11 Aug 1920
9. AGE (In years last birthday): 28 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Wright
14. MOTHER'S MAIDEN NAME: Bernell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis, R. lung.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Positive Blood Serology, Postoperative Thoracoplasty

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 9 Apr 49
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Apr, 1949, *to* 29 Apr, 1949, *that I last saw the deceased alive on* 29 Apr, 1949, *and that death occurred at* 2 55 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roman V. Clarke M.D.
23B. ADDRESS: Franklin Square Hosp.
23C. DATE SIGNED: 29 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4-30-49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Gloucester Co., Virginia

DATE RECEIVED BY LOCAL REGISTRAR: APR 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Frances A. Hemsley
ADDRESS: 548 W. Baltimore

VS 150

1312

G73950

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73950

Registered No.

1. NAME OF DECEASED (Type or Print): John James Liberto

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1717 DeSoto Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Md. b. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

5. STREET ADDRESS (If rural, give location): 1717 DeSoto Road

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (a) In Years (b) Under 1 Year: Months, Days (c) Under 24 Hours: Hours, Min.
male	white	married	May 25, 1899	49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Sattler Co.	Baltimore, Md.	U.S.

13. FATHER'S NAME: Joseph F. Liberto

14. MOTHER'S MAIDEN NAME: Josephine Arena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	213-10-2043	Mrs. Dolores Liberto-1717 DeSoto Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease, & Uremia — Interval between onset and death: 2½yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cirrhosis of Liver, due to Chronic Passive Congestion 1yr.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES / NO
		NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month, Day, Year, Hour)	21E. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June 1948 to 28 April 1949, that I last saw the deceased alive on 28 April 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

22A. SIGNATURE	22B. ADDRESS	22C. DATE SIGNED
[signature] M.D.	2020 N Charles St.	29 April 19

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Burial	4 30/49	Holy Redeemer Cemetery	4430 Belair Road. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 30 1949	Huntington Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

124R

G73951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73951

Registered No.

BIRTH NO. B.C. 49-0846 L

1. NAME OF DECEASED (Type or Print) Baby Boy Twinning — 7635 — 2. DATE OF DEATH Apr 28 49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenarm

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White		Apr 27, 49		2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME Charles Twinning

14. MOTHER'S MAIDEN NAME Martha B. Caplos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
				JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis ? pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 27 1949 *to* Apr 28 1949 *that I last saw the deceased alive on* Apr 28 1949 *and that death occurred at* 11:58 a m. *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton Mackey M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 30-49	Waugh Chapel	Glenarm Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, MD	Clarence E. Arthur	Fork Md

VS 150

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G73932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G73932 Registered No.

1. NAME OF DECEASED (Type or Print): Abraham Abrams

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 3501 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 3501 Reisterstown Road

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 16, 1876
9. AGE (In years last birthday): 73 (If under 1 year: Months 3, Days 12; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Abrams
14. MOTHER'S MAIDEN NAME: Miriam Samuels

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ?
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Samuel I Abrams ADDRESS: 3501 Reisterstown Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Ht. Dis
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 19 , *to* 4-28 , 1949, *that I last saw the deceased alive on* 4/28 , 1949 *and that death occurred at* 1045 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr. M. S. Shuling M. D.
23B. ADDRESS: 2426 Eutaw Pl
23C. DATE SIGNED: 4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 1, 1949
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: APR 30 1949
REGISTRAR'S SIGNATURE: Curtis Williams, MD
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

VS 150

93D

G73933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 3 1

G73933 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas E. Duff.Sr.

2. DATE OF DEATH: April 29,1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 3542 Buena Vista Ave

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 3542 Buena Vista Ave

1 2 - 8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widower	Oct 20,1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Virginia	U.S.

13. FATHER'S NAME: Sanford B. Duff.

14. MOTHER'S MAIDEN NAME: America Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mr.Jesse Duff, 3542 Buena Vista Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Arteriosclerosis

DUE TO

(C) Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/ 9/ , 1948 *to* 4/ 29/ , 1949 *that I last saw the deceased alive on* 4/ 28/ , 1949 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. H. Weiss M.D.	1912 North Ave	4/30/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	May 2,1949	Mt.Olive	Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 30 1949	Huntington Williams, M.D.	Austin E. Monroe, 3638 Roland Ave

83a

G73934

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20-1 G73934 Registered No.

1. NAME OF DECEASED (Type or Print) AMELIA C. SHARRER.

2. DATE OF DEATH April 29, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 3644 Roland Ave

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 25 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3644 Roland Ave 1-26

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Jan 4, 1862 | 9. AGE (In years last birthday) 87 yrs. | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carroll Co, md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Conrad Nagle

14. MOTHER'S MAIDEN NAME Sarah Brikhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Howard Sharrer. ADDRESS 3644 Roland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO

(B) Chronic Diabetes-myocarditis — ?

DUE TO

(C) Hypertension — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1949, *to* April 29, 1949, *that I last saw the deceased alive on* April 27, 1949, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Maurice E. Thomas M. D. | 23B. ADDRESS 3000 W. Baltimore | 23C. DATE SIGNED 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 2, 1949 | 24C. NAME OF CEMETERY OR CREMATORY Greenmount | 24D. LOCATION (City, town, or county) (State) Carroll County Md

DATE RECEIVED BY LOCAL REGISTRAR APR 30 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Jacob Wink's, Manchester, md. ADDRESS

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G73935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/Registered No. G73935

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PASQUALE CHAMBRELLI

2. DATE OF DEATH April 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland (at Sea)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
S/S Herman F. Whiton (at sea)

c. Length of stay in Baltimore — Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Conn
B. COUNTY -
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Haven - Conn
D. STREET ADDRESS (If rural, give location) 200 Fairmount Av. -

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Single	June 1, 1905	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman	Merchant Marine	New York City	US

13. FATHER'S NAME James Chambrelli

14. MOTHER'S MAIDEN NAME Concetta Mastrocola

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
- ? -	- ? -	- ? -	Geo Chambrelli	New Haven Conn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Thos G. Merrill M.D.		April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR ~~CREMATORY~~	24D. LOCATION (City, town, or county) (State)
Burial	May-3-49	St Laurence	West Haven - Conn

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, M.D.	Stewart Morris Co.	Balto.

94a

VS 151

G73936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33

G73936
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Joseph Olszewski

2. DATE OF DEATH April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

C. Length of stay in Baltimore 60yr. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) (RURAL) Baltimore
D. STREET ADDRESS (If rural, give location) 6734 Holabird Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Married	March 7, 1867	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Poland	

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT Victoria Olszewski 6734 Holabird Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

(B) Generalized Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/26/ 1949, *to* 4/28/ 1949, *that I last saw the deceased alive on* 4/28/ 1949, *and that death occurred at* 1:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Rad E. Parsons Jr. M. D.	1400 N. Caroline Street	4/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 2/49	St Stanislaus	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, M.D.	Fred W. Ozarowski	838 Gaetano Ct

VS 150

CERTIFICATE CORRECTED 5-16-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE CORRECTED 5-16-49 CERTIFICATE OF DEATH

Registered No. 673937

1. NAME OF DECEASED (Type or Print) Edward D. Rittenhaffer (Edward D. Rittenhaffer)

2. DATE OF DEATH April 30, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Pennsylvania
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) York
D STREET ADDRESS (If rural, give location) 53 Jefferson Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married	Sept 14 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pennsylvania Railroad		Pennsylvania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Rittenhaffer	Emma J. Heisc

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull.

DUE TO

(B) Crushed chest

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	railroad	Bayview Junction, Pennsylvania Railroad

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
4 27 49 6.30a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Struck by a train

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C DATE SIGNED
George G. Merrill M.D		April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 3 1949	Prospect Hill	York, Penna.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, M.D.	Burgee Funeral Home	2631 Folls Rd Baltimore Md

VS 151

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73938 G73938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JACK RAVICH

2. DATE OF DEATH April 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1311 East Pratt Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	Single	Not known	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russian

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? Ravich

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John A. Gethmann Jr. ADDRESS 1956 E. Pratt St.

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Amyotrophic lateral sclerosis.	
DUE TO		
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Methyl salicylate poisoning.	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE George L. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]

23C. DATE SIGNED April 25, 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify) Burial

24B. DATE April 30 1949

24C. NAME OF CEMETERY OR CREMATORY St. Andrews Russian

24D. LOCATION (City, town, or county) (State) German Hill Road

DATE RECEIVED BY LOCAL REGISTRAR APR 30 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR J. A. Gethmann Jr. ADDRESS 1956 E. Pratt St.

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VS 151

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G73939

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 ✓ G73939

Registered No.

1. NAME OF DECEASED (Type or Print): Christine Chittenden Homan

2. DATE OF DEATH: APR 30 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: D.C.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
D. STREET ADDRESS (If rural, give location): 1705 21st St. N.W.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	4-2-00	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Research Librarien		Ill.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ward Chittenden	Nan Loker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
				JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sub-arachnoid hemorrhage 6 hrs.
DUE TO + uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease
DUE TO

(C) Glomerulo-nephritis, chronic, 4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-14- 1949 *to* 4-30- 1949, *that I last saw the deceased alive on* 4-30- 1949, *and that death occurred at* 1240 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. W. Dewitt M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	4/30/49	Calvary	St. Louis, Mo

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 30 1949	Huntington Williams, M.D.	Wilson Co Inc	1214 St Paul St

VS 150

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G739-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G739-40

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Miles D. Hippensteel

2. DATE OF DEATH: 4-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pescopeck
D. STREET ADDRESS (If rural, give location): 212 North Broad Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1896
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Assessor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank A. Hippensteel
14. MOTHER'S MAIDEN NAME: Mary I. Bloss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Frank A. Hippensteel, wife ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Pulm. Emboli

DUE TO Coronary artery Disease → Chronic auricular fibrillation

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 1949 *to* 4-29, 1949 *that I last saw the deceased alive on* 4-29, 1949 *and that death occurred at* 11:20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. P. Benson Jr. M.D.
23B. ADDRESS: Union Mem'l. Hosp.
23C. DATE SIGNED: 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Apr. 30/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Pescopeck Pa

DATE RECEIVED BY LOCAL REGISTRAR: APR 30 1949

25. FUNERAL DIRECTOR: Henry Hinkin & Sons Co ADDRESS: 705 York Rd 94a

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G739:1 ✓ E816.4 G739:1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G739:1

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PAUL RIBB — N-861

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: District of Columbia
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
D. STREET ADDRESS (If rural, give location): 3626 Massachusetts Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12. 1924
9. AGE (In years last birthday): 24
If under 1 year: Months 24 Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Townsville Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis N Robb
14. MOTHER'S MAIDEN NAME: Rachel A Laplosie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Wilhelmina Wenrich ADDRESS: Townsville Pa

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fractures of both femurs and of left humerus.
DUE TO
(B) Rupture of pericardium
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Richie Highway & 11th Ave., Anne Arundel Co.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 30 49 1.30a.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Auto & auto Accident (driver)

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George L. Merrill M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Interment
24B. DATE: 4/3/49
24C. NAME OF CEMETERY OR CREMATORY: Townsville Pa
24D. LOCATION (City, town, or county) (State): Townsville Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAY - 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilhelm & Son Inc ADDRESS: 219 E Lond St

VS 151

170c

G739-12 ✓ G739-12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 331 Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Josephine Lee
2. DATE OF DEATH: 4.30.49.

3. PLACE OF DEATH: A. Baltimore City, Maryland — Bon Secours Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2025 W. Fayette St. Bon Secours Hospital
c. Length of stay in Baltimore: 62 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore.
D. STREET ADDRESS (Rural, give location): 2113 Wilkens Ave. 21.20.5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	W.	June 17, 1887	62	10	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Balto	

13. FATHER'S NAME: John Nickol
14. MOTHER'S MAIDEN NAME: Margaret Huthman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	None	Mr. John Lee	322 South Pulaski St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — DUE TO

(B) Hypertension — DUE TO

(C) Arteriosclerosis.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* April 29, 1949 *to* April 30, 1949 *that I last saw the deceased alive on* 4.29, 1949, *and that death occurred at* 8.25 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. J. Pastwans M.D.	2025 W. Fayette St.	4.30.49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 3, 1949	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY - 1 1949	Huntington Williams M.D.	George L. Schwab	2101 Frederick Ave.

MAY 1 1949

83a

G73943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 G73943

BIRTH NO. _____ Registered No. _____

1. NAME OF DECEASED (Type or Print): Michael Levy

2. DATE OF DEATH: 4-30-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale

C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale 27-17

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lazer
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Herman Levy ADDRESS: 2222 Brookfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myelitis, Right infra-orbital tumor

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Tb. of lungs.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1948, to April 30, 1949, that I last saw the deceased alive on 4-30, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Jerome J. Blumberg M.D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-1-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Young Men
24D. LOCATION (City, town, or county) (State): Balto Md

REGISTRAR'S RECEIPT FOR LOCAL REGISTRATION: MAY - 1 1949
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

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55B

G739:4 G739:4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Meer Perelson

2. DATE OF DEATH: 4-30-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1000 Ausguth St
C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1000 Ausguth St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Israel
14. MOTHER'S MAIDEN NAME: Tissel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Shulman ADDRESS: 1000 Ausguth St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach + Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to 4-30, 1949 that I last saw the deceased alive on 4-30, 1949, and that death occurred at 4:44 m. from the causes and on the date stated above.

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 1000 Eutaw Place
23C. DATE SIGNED: 5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-1-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY - 1 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Jack Reeves Inc
ADDRESS: 2100 Eutaw Pl

MHS 150 1949

462

G739:5 G739:5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5600 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Marshall Murphy

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR [illegible]: St. Joseph's

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2905 N. Charles St.

5. SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
M.	W.	Widowed	April 5, 1881	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retired		Baltimore	

13. FATHER'S NAME: Wm. M. Murphy

14 MOTHER'S MAIDEN NAME: Anna Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No.			Vernon Cobb	208 S. Prospect Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peripheral circulatory collapse
DUE TO
(B) Fractured cervical hemia.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Arteriosclerotic heart disease; chronic bronchitis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
April 29, 1949	For Cervical hemia.	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 29, , 1949 *to* April 30, , 1949, *that I last saw the deceased alive on* April 30, 1949, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Wm. M. Reed, M. D.	1100 N. Caroline St., Balto., Md.	Apr. 30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-3-49	London Park	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY - 1 1949	Transcription from Williams, M.D.	George A. Farley	Belair Rd. & Gorsuch Ave.

Vs 150

1220

G73946 ✓ X G73946

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60 0 Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM E. GETTIER

2. DATE OF DEATH 4/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write NO. RAL. and give township) Catonsville
D. STREET ADDRESS (If rural, give location) 28 Nunnery Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	7/23/1872	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Moving business	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August dec.	Elizabeth — dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes			Norman Gettier	28 Nunnery Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Pyelonephritis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1949 to 4/29, 1949 that I last saw the deceased alive on 4/29, 1949, and that death occurred at 6:10A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Chas. C. Carr Jr. M.D.	St Agnes Hosp.	4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-2-49	Hollands	Hollands Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 1 1949	Huntington Williams, M.D.	George A. Farley - Delta and Forsythe Sts	

MAY 5 150

133a

G73947 BALTIMORE CITY HEALTH DEPARTMENT G73947

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Charles C. Abbott

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2706 Rockrose Ave
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3613 Kimble Rd 9 03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1870
9. AGE (In years last birthday): 78 79 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A. Abbott
14. MOTHER'S MAIDEN NAME: Clemintine Burrieker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marie V Abbott ADDRESS: 3613 Kimble Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Arteriosclerotic Heart Disease ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1947 *to* April 28, 1949 *that I last saw the deceased alive on* April 28 49 *and that death occurred at* 6 25 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: William H. Fuerling M. D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5-2-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John R. Moran ADDRESS: 3000 E. Balt. St.

150

93D

G73948 G73948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIE V. GROSS.

2. DATE OF DEATH 4/30/1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 1701 Ellamont St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Feinblatt Nursing Home.

c. Length of stay in Baltimore Lifetime Yrs. --dys --hrs --min

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2200 Eutaw Place. 12-63

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Divorced.	12/15/1868.	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Vogel

14. MOTHER'S MAIDEN NAME Sarah Cantinstein.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Sydney Blumenthal, ADDRESS 2305 Ken Oak Road.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO Arteriosclerosis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Cardio Vasc Disease

DUE TO

(C) Diabetes Mellitus

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1938, to April 30, 1949, *that I last saw the deceased alive on* April 29 1949, *and that death occurred at* 9:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE W. E. Steele. M. D.

23B. ADDRESS 2314 W. North Ave.

23C. DATE SIGNED 4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/2/1949.

24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY - 1 1949

REGISTRAR'S SIGNATURE Penelope for Williams, M.D.

25. FUNERAL DIRECTOR Harry Sonnheim & Son. ADDRESS 1902 Eutaw Place.

VS 150

61

G73949

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. G73949 CERTIFICATE OF DEATH 4-21-4 Registered No.

1. NAME OF DECEASED (Type or Print): ARTHUR FISHER.

2. DATE OF DEATH: 5/1/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3917 Belle Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 70 Yrs. — Mos. — Days.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3917 Belle Ave. 15-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Widower.	9/23/1873.	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Watchman		New York.	U.S.A.

13. FATHER'S NAME: Simon Fisher

14. MOTHER'S MAIDEN NAME: Eva Newman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		217-01-0247	Mr. Jacob Fisher,	3917 Belle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Valvular Heart Disease — DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic Heart Disease — DUE TO
(C) — DUE TO

INTERVAL BETWEEN ONSET AND DEATH: (A) 4m. (B) 17y

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: none

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Nov 16, 1948 *to* April 30 1949 *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. A. C. Hearn M.D.	3901 Garrison Blvd.	5/1/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3 /1949.	Hebrew Friendship	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 1949	Huntington Williams, M.D.	Harris Sonnheim & Son	1902 Eutaw Place.

92 D

B.C.H. 46647

BIRTH NO. G73950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73950

1. NAME OF DECEASED (Type or Print): Richard Morgan — 204.3

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 2009 Beach ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	White	child	5-6-46	2	11	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Kenneth Morgan

14. MOTHER'S MAIDEN NAME: Lillian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial Hemorrhage
DUE TO
(B) Acute Leukemia
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19, 1949, *to* 4-28, 1949, *that I last saw the deceased alive on* 4-28, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Milton Wallace, M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	MAY 2 1949	SMARTZ	O'DONNELL ST MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 5 1949	Huntington Williams, M.D.	Dyffel Bros	1800 E Lombard St.

74a

G73951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44

G73951 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK BOGGS

2. DATE OF DEATH 5/1/44

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Dorchester

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PROVIDENT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CAMBRIDGE

c. Length of stay in Baltimore 54 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 219 PINE STREET

5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 1, 1899 | 9. AGE (In years last birthday) 54 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10B. KIND OF BUSINESS OR INDUSTRY Oakum | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Boggs | 14. MOTHER'S MAIDEN NAME Rachel Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO Unknown | 17. INFORMANT Viola Goodman ADDRESS 219 Pine St. Cambridge Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the Stomach
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH Unknown

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-3, 1944, *to* 5-1, 1944, *that I last saw the deceased alive on* 5-1, 1944, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE W. H. Wallace M. D. | 23B. ADDRESS Provident Hospital | 23C. DATE SIGNED 5-1-44

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 5 | 24C. NAME OF CEMETERY OR CREMATORY Bethel | 24D. LOCATION (City, town, or county) (State) Cambridge Dorchester

DATE RECEIVED BY LOCAL REGISTRAR May 2, 1944 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Lewis H. Boynton | ADDRESS 301 W. [illegible]

VS 150

45c

G73952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G73952 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): May Kolesar

2. DATE OF DEATH: April 29-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3103 Lyndale Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3103 Lyndale Ave

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8 01
D. STREET ADDRESS (If rural, give location) 3103 Lyndale Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	M	May [illegible]	65	11 / 28	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore	

13. FATHER'S NAME: Samuel Davis

14. MOTHER'S MAIDEN NAME: Elizabeth Mayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Frederick Kolesar	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Gall Bladder Disease — 2 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/24, 19 49, *to* 4/29, 19 49, *that I last saw the deceased alive on* 4/29, 19 49 *and that death occurred at* 5:35 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter E Karlgus	4331 Harford Rd	4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 3-1949	London Park	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Tuttington Williams, M.D.	Wm Cook Inc	1217 St Paul St

VS 150

94a

G73953

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 Registered No. G73953

1. NAME OF DECEASED (Type or Print): MORRISON, MARGARET

2. DATE OF DEATH: 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Ellicott City Md
D. STREET ADDRESS (If rural, give location): College Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-7-04
9. AGE (In years last birthday): 45 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto - Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Morrison
14. MOTHER'S MAIDEN NAME: Laura Rosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chas Furst Home ADDRESS: Glenside Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) mucoid carcinoma of recto-sigmoid
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) general debility & inanition
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10-48, 19 *to* 5-1-49 19 *that I last saw the deceased alive on* 5-1-49, 19 *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John White M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 5-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 5-1-49
24C. NAME OF CEMETERY OR CREMATORY: Hillside Cemetery
24D. LOCATION (City, town, or county) (State): Montgomery Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Clifton Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc. ADDRESS: 217 St Paul St

VS 150

460 #2

73954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73954

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VERLINDA S. WOEFRUM
2. DATE OF DEATH: 4-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D STREET ADDRESS (If rural, give location): 5625 Greenhill Ave 26-01

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: about 1887
9. AGE (In years last birthday): About 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Houston
14. MOTHER'S MAIDEN NAME: Verlinda Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Richard H. Wolfrum ADDRESS: 5625 Greenhill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive arteriosclerotic C.V. Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Acute Bronchopneumonia & Bronchial Asthma

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-18-49
19B MAJOR FINDINGS OF OPERATION: Acute Bronchopneumonia & Bronchial Asthma
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Alfred Gaskenheimer M. D.
23B ADDRESS: University Hosp.
23C. DATE SIGNED: 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/3/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Wm. Cox, Inc. ADDRESS: 127 St. Paul St.

VS 150

126

3-F-55 126525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73955

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nettie Alton — 332

2. DATE OF DEATH 4-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore 42 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 4309 York RD.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Wid.	June 7 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME Benjamin King.

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Records Balto. City Hospital	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Progressive Cerebral Thrombosis	Duration 4 Days
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmonary Tuberculosis, Chronic, Active, Far Advanced	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-1-, 1949, *to* 4-30-, 1949, *that I last saw the deceased alive on* 4-30-1949, *and that death occurred at* 9.30P, *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. L. Organ M.D.	4940 Eastern Ave. B.C.H.	5-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/49	Mt Harmony	Calvert County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Mathews & Son	129 Hood St

VS 150

136

39:56

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4x7 ✓ G739:56

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Agnes Palmer

2. DATE OF DEATH: 4/29/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 237 N. Strieker St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 237. N. Strieker St. 19 0

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F.	Col.	Single	1893	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis W. Palmer

14. MOTHER'S MAIDEN NAME: Caroline Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alice Guarells ADDRESS 709. Bruce St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

DUE TO

(B) abdominal Ascites — 2 mos.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1949, *to* April 28, 1949, *that I last saw the deceased alive on* 4/28, 1949, *and that death occurred at* 3:10 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE: H. R. Johnson, M. D. — 23B. ADDRESS: 703 Medical Arts Bldg — 23C. DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 5/2/49 — 24C. NAME OF CEMETERY OR CREMATORY: Mt Autumn. — 24D. LOCATION (City, town or county) (State): West Port Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR AND ADDRESS: Metropolitan Funeral Home Inc. 927. N. Mount St. 937

VS 150

G73957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 924.0 ✓ Registered No. G73957

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Gier — N-191

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: resided before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 223 S. High St. 3-0 ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	SIMGLE	12/11/1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MFG.	BROOMS	BALTO. MD.	U.S.A.

13. FATHER'S NAME: F. JOSEPH GIER

14. MOTHER'S MAIDEN NAME: CARRIE DOBERNICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	?	LILLIAN GOODMAN	19 N. PATTERSON PK.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation by hanging. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Home	223 S. High St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 28, 1949 8:[illegible]	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	banister hanged self with ropetied to

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D		April 30 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
BURIAL	5/2/1949	HOLY REDEEMER	BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, MD	Lilly & Zeilenga	403 S. Wolfe St.

VS 151

164a ✓

739:58 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 ro. 1

G739:58 Registered No.

1. NAME OF DECEASED (Type or Print): FLORENCE HILTNER

2. DATE OF DEATH: APRIL-30-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1340 Washington Blvd
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-0K
D. STREET ADDRESS (If rural, give location): 1340 Washington Boulevard

c. Length of stay in Baltimore: 72 Yrs. Mos. Days

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 25. 1876
9. AGE (In years last birthday): 72 — If under 1 Year: Months 6, Days 5 — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Melvin
14. MOTHER'S MAIDEN NAME: Georgiana Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): /
(If yes, give war or dates of service): /
16. SOCIAL SECURITY NO: /
17. INFORMANT — ADDRESS: George Hiltner 1340 Washington Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Interval between onset and death: 1 Hour
DUE TO Coronary Arteriosclerosis
(B) Cardiovascular Disease.
DUE TO Arteriosclerosis — > 12 Years
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 27 Dec, 1937, *to* 30 April, 1949, *that I last saw the deceased alive on* 30 April, 1949, *and that death occurred at* 10:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward Flinn M. D.
23B. ADDRESS: 682 Washington Blvd
23C. DATE SIGNED: 2 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May. 4, 1949
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - [illegible]
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS: P. M. Mrs. John A. Teufel - Inc 5311 Edmondson Ave.

VS 150

93D

673959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

673959

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): James E McQuade

2. DATE OF DEATH: April 29/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 628 N Milton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE 628 N Milton Ave B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 7-0

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): above

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	married	April 27 1889	60	2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing Supply

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Joseph a

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Joseph E McQuade Jr ADDRESS: 628 N Milton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension Cardio-Vascular Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22, 1949, *to* 4-29, 1949 *that I last saw the deceased alive on* 4-29, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis Vogel Jr M. D.

23B. ADDRESS: 2601 E Monument St

23C. DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 2 1949

24C. NAME OF CEMETERY OR CREMATORY: Baltimore

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS: 2501 Eutaw St

VS 150

937

G73960

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 Registered No. G73960

1. NAME OF DECEASED (Type or Print) Mr. Edwin Oscar Mankin

2. DATE OF DEATH 4-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hosp

C. Length of stay in Baltimore 69 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3307 Alameda Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	white	married	9-7-69	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balt., Md.	U.S.

13. FATHER'S NAME Henry Mankes

14. MOTHER'S MAIDEN NAME Mary Bidden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Partial intestinal Obst. DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hematemesis DUE TO

(C) Shock

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. D 2, Carcinoma ?

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-27, 1949 *to* 4-28, 1949 *that I last saw the deceased alive on* 4-28, 1949 *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. P. Benson, Jr. M. D.	Union Memorial Hosp.	4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 2 1949	Laurel Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams M.D.	Ulman Funeral Home	2101 Pennsylvania Ave

MCS 150

46 M

G73961 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44 ✓ — G73961 — Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES RABINOWITZ
2. DATE OF DEATH: 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3733 Park Heights Ave
C. Length of stay in Baltimore: 50 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 17
D. STREET ADDRESS (If rural, give location): 3733 Park Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	married		72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Russia	

13. FATHER'S NAME: Ruben
14. MOTHER'S MAIDEN NAME: Anne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mamie Rabinowitz	3733 Park Heights Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertensive cardio vascular renal syndrome
DUE TO
(C) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-47 19 *to* May 1st 19 49 *that I last saw the deceased alive on* May 1 19 49 *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harris A Jim M.D.	3133 Huntington Rd	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-2-49	Hebrew Mt Carmel	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, MD	Jack Lewis Inc	2100 Eutaw Pl

VS 150

1312

G73962 BALTIMORE CITY HEALTH DEPARTMENT G73962

CERTIFICATE OF DEATH

331 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jacob Harry Gerwig

2. DATE OF DEATH 4/30/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1643 Frederick Ave

C. Length of stay in Baltimore 48 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Armaugh Village
D. STREET ADDRESS (If rural, give location) 112 Armaugh Drive

5. SEX M

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married

8. DATE OF BIRTH July 10, 1900

9. AGE (In years last birthday) 48

If Under 1 Year: Months — Days —

If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker

10B. KIND OF BUSINESS OR INDUSTRY Candy

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob F. Gerwig

14. MOTHER'S MAIDEN NAME Mary A. Marion

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Charlotte B. Gerwig ADDRESS 112 Armaugh Dr.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE [illegible] M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED 7/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/3/49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR H. O. Meeks & Son ADDRESS 805 N. Calvert

830

VS 151

G73963

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

577

Registered No. G73963

1. NAME OF DECEASED (Type or Print) Lydia IRENE Compton

2. DATE OF DEATH 4-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital

c. Length of stay in Baltimore 26 (Yrs, Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1631 E. 33rd Street 9-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
F	W	Single	June 15, 1922	26 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book Keeper	Balto. Safe & Lock Co.	Baltimore Maryland	U.S.

13. FATHER'S NAME: Guy Radford Compton

14. MOTHER'S MAIDEN NAME: Pauline Elizabeth Sursch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	214-14-8369	M.E. Myers	Church Home and Hosp. Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Duodenal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

(B) Mesenteric adhesion — INTERVAL BETWEEN ONSET AND DEATH: "

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cachexia

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
1947	Colitis - non specific	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-19, 1949 *to* 4-30, 1949 *that I last saw the deceased alive on* 4-30, 1949, *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Robert Haas M. D.	Church Home Hosp.	4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May-3-1949	Loudon Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Joseph Joerdens & Son	1927 Park Ave.

VS 150

1226

G73964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20.0

G73964

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Jahneis

2. DATE OF DEATH Apr 29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Nursing Home

c. Length of stay in Baltimore Life Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2926 Ordinan ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 8 01
D STREET ADDRESS (If rural, give location) Md

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Widowed	July 7-1860	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto	U.S.A.

13. FATHER'S NAME George Grauer.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mr Grauer	2926 Ordinan Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 22, 1949 *to* April 29, 1949 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
William L. Dennis M. D.	3025 Belair Road	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 3-1949	Evangelical Lutheran Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Huntington Williams, M.D.	Jos J Herr & Son	3001 Kentucky Ave

VS 150

927

H73965 ✓ 13-3 H73965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH #90

Registered No. L4747

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John William Hall

2. DATE OF DEATH: April 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2409 Francis St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2409 Francis St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	colored	married	11/20/	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Md.	

13. FATHER'S NAME: John Hall

14. MOTHER'S MAIDEN NAME: Minnie Stevens ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 217-03-478

17. INFORMANT: Dorothy Hall ADDRESS: 2409 Francis St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 [illegible]

DUE TO

(B) Lobar pneumonia

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/16/49, 19__, *to* 4/28/49, 19__, *that I last saw the deceased alive on* 4/28/49 19__ *and that death occurred at* 5 [illegible] m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Reynold B. Lightsey M. D.	501 Cherry Hill Road	4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3/49	St. Peter's Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/2/49	Huntington Williams M.D.	Va. Brooks	1113 N. Carey St.

VS 150

108

G73966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

413

G73966
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Charles Beyer

2. DATE OF DEATH: May 1 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1930 Frederick Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1930 Frederick Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	Sept 24 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltimore Md	

13. FATHER'S NAME: George Beyer

14. MOTHER'S MAIDEN NAME: Barbara —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mary E. Beyer	1930 Frederick Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Accident	repeated cerebral accident during the past two years.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Hypertensive Arteriosclerotic Cardiovascular Disease	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* May 1, 1949 *that I last saw the deceased alive on* April, 1949 *and that death occurred at* 2:15 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Leslie A Hall Jr M. D.	2950 Edmondson Ave	May 1 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 4 1949	New Cathedral Cem.	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, MD	Pott & B. M. Walker	Pott & Chuckas

VS 150

927

G73967

BIRTH NO. G73967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7698

1. NAME OF DECEASED (Type or Print): Robert O. Ridgeley.

2. DATE OF DEATH: April 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 720 N. Mount St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 N. Mount St

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 720 N. Mount St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 720 N. Mount St 11 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	C	Single	4-10-1906	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B Ridgeley	Hattie Colley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			Mrs. William Ridgeley	720 N Mount

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-8-1941 *to* 4-27-1949, *that I last saw the deceased alive on* 4-26-1949 *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank A Saunders M. D.	1029 N Stricker St	4-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-2-49	Mt. Auburn	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Custis Williams, M.D.	Miss Katie R. Williams	332 N. Schroeder St

930

G73968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73968

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Baylies

2. DATE OF DEATH: 4/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4515 Garrison Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Haven Nursing Home
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 4515 Garrison Ave. 15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	W	Single	8/23/1856	92	8	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Charles F Baylies
14. MOTHER'S MAIDEN NAME: Anna E Armons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carrie D Baker ADDRESS: 2731 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Sclerosis
DUE TO
(B) Hypertension (Arteriosclerosis Cardio Vasc Disease)
DUE TO
(C) Senescence Aged

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 48 *to* April 29, 19 49 *that I last saw the deceased alive on* April 29 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr Thos F Abbott M. D.
23B. ADDRESS: 409 Liberty Heights
23C. DATE SIGNED: 5-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/2/49	Loudon Park Cemetery	Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John O. McCahill & Sons, Inc. ADDRESS: Mrs Mitchell 1400 Eutaw Pl. City

VS 150

92

G73969 — BALTIMORE CITY HEALTH DEPARTMENT — G73969

BIRTH NO.

CERTIFICATE OF DEATH

331

Registered No.

1. NAME OF DECEASED (Type or Print): Edith Long Amborn

2. DATE OF DEATH: 4/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2647 N. Calvert St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none
c. Length of stay in Baltimore: 29 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore city
D. STREET ADDRESS (If rural, give location): 2647 N. Calvert St.

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3/18/ 1875
9. AGE (In years last birthday): 74 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dr. John Long
14. MOTHER'S MAIDEN NAME: ? Witmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Irene Lawder — ADDRESS: Northwood Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic Hypertension — Years ?
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1948 *to* April 29, 1949, *that I last saw the deceased alive on* April 27, 1949, *and that death occurred at* 5:45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank M. Ogden, M. D.
23B. ADDRESS: 2701 N. Calvert St.
23C. DATE SIGNED: 5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/2/ 49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John T. Mitchell & Sons Inc. — ADDRESS: 1900 Eutaw Pl. Balto. Md
M. D. Mitchell

VS 150

830

G73970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73970

1. NAME OF DECEASED (Type or Print): Raymond McGeary Hann

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine Hospital, Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: 3 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: D.C.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
D. STREET ADDRESS (If rural, give location): 5312 32nd St., N.W., Washington, D.C.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	Jan. 28, 1900	49				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chemist	NIH, Bethesda, Md.	Washington, D.C.	--

13. FATHER'S NAME: Alvah R. Hann

14. MOTHER'S MAIDEN NAME: Mary R. McGreary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Unk.	--	None	Records- US Marine Hospital, Balto., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Epidermoid carcinoma of naso-pharynx with extention into base of brain — — —

G739'71 (2)

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16 ✓

Registered No. G739'71

1. NAME OF DECEASED (Type or Print) Katherine anna (Kate) Chaney

2. DATE OF DEATH April 30-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland yes.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2013 W. Lanvale St
c. Length of stay in Baltimore 66 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2013 W. Lanvale St 16 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	Sept. 11-1882	66				

10A. USUAL OCCUPATION (Give kind of work, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home	Baltimore Md	

13. FATHER'S NAME Unknown Wagner

14. MOTHER'S MAIDEN NAME Elizabeth Wertz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Mamie Proctor ADDRESS 2013 W Lanvale St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchogenic Carcinoma
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 1948, *to* April 30, 1949 *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Deuce Laughlin M. D.	400 N. Payson St	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 3-49	Loudons Park Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Geo. L. Berger Jr.	1512 Hollins St

VS :50

47c

G739.72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 Registered No. G739.72

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lucia Brokos

2. DATE OF DEATH: 4-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1513 E. Clement ST

C. Length of stay in Baltimore: 47 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write NONE and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1513 E. Clement ST 7-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-2-1875
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —
17. INFORMANT: MARY BROKOS
ADDRESS: 1513 E. Clement ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 dy
DUE TO
(B) Cerebral thrombosis — 3 dy
DUE TO
(C) Hypertension & arteriosclerosis — 1 yr

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: No
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26, 1949, *to* April 29, 1949, *that I last saw the deceased alive on* April 28 1949, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: S P O Strouss M. D.
23B. ADDRESS: 2878 Harford Rd
23C. DATE SIGNED: 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5-2-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Charles J Hill
ADDRESS: 1501 E. Fort Ave

VS 150

1210

G739'73

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60

Registered No. G739'73

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THEODORE SCHAFF

2. DATE OF DEATH 5/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY Prince George
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BELTSVILLE
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	SINGLE	SEPT. 6, 1935	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT		WASHINGTON, D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY PFAFF	HAZEL PFEIFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO			HENRY PFAFF	BELTSVILLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) renal calculus left
DUE TO
(C) chronic nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4/23 19 49 *to* 5/2 19 49 *that I last saw the deceased alive on* 5/1 19 49 *and that death occurred at* 3 00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James M. Bisanar M. D.	University Hospital	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3/49	FT. LINCOLN CEM.	PRINCE GEORGE CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, MD	W.W. CHAMBERS CO.	WASHINGTON DC

VS 150

1212

G739.4 G739.4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 916.0

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Smith N-949

2. DATE OF DEATH 4/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore Gen. Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01
D. STREET ADDRESS (If rural, give location) 906 Russell St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Col	Married	7/19/1925	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	Transfer Co.	Lynchburg, S.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Felix Smith	Ollie Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	W.W.II - 11/19/43 - Pvt 145	218-12-8078	Dorothy Smith	906 Russell St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

(B) 2nd-3rd° Burns

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 906 Russell Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-30-49 2:37 A.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F HOW DID INJURY OCCUR? Bed Afire --- Smoking in bed

22. *I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Earl L. Royer M.D.

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C DATE SIGNED 5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/4/49	Baltimore National	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

FUNERAL DIRECTOR Joseph A. Lively ADDRESS 661 W. Baltimore St.

181

VS 151

G739'75

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G739'75

Registered No.

1. NAME OF DECEASED (Type or Print): THADDEUS KOSTALEK (KOSZALKA)

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 661 W. Pratt Street
c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
c CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 661 W. Pratt Street 28-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Single	March 27, 1905	44		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paperhanger		Baltimore, Maryland	

13. FATHER'S NAME: Walter Kostalek

14. MOTHER'S MAIDEN NAME: Bertha Wdzieczna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	217-22-0353	Stanley Kostalek,	2434 Keyway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
DUE TO
(B) Tuberculosis Pulmonary ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apl. 29, 19 49 *to* Apl 30, 19 49 *that I last saw the deceased alive on* Apl. 30, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
M R Johnson M. D.	703 Med Arts Bg	5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 3, 1949	Holy Rosary	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAY 2 1949	Timothy F. Williams M.D.	M.F. Sadowski & Sons, 1808 Eastern Avenue

120

G739'76
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G739'76

1. NAME OF DECEASED (Type or Print): CATHERINE M. COOK

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY: Baltimore
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3119 East Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	Married	Dec. 23-1905	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dancing Instructor	Own	Toronto Canada	

13. FATHER'S NAME: Clark Stewart

14. MOTHER'S MAIDEN NAME: Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mr. Harry Cook	3419 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		April 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-2-49	Oak Lawn	Balto Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Huntington Williams, M.D.	John G Connelly	944 / 418 Eastern Ave

VS 151

G739.7 E 775 N 990.8 G739.7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) (Filippo) Philip Bess (Basso)

2. DATE OF DEATH April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Found drowned foot of Montford Ave.

C. Length of stay in Baltimore 19 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3501 Gough St. 2608

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Apr. 27, 1892	57 56	11	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shearman

10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Basso Bess

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-67-1282

17. INFORMANT Mary Bess (Basso) ADDRESS 3501 Gough St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mental Depression

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Water

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found drowned foot of Montford Ave

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April ? 49 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Jumped into harbor (Found drowned)

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE Earl L. Royer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 1 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 4/2/49

24C. NAME OF CEMETERY OR CREMATORY St. Stephens

24D. LOCATION (City, town, or county) (State) Niles, Ohio

DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1949

REGISTRAR'S SIGNATURE Tuntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS John C. Connelly, Essex, Md.

VS 151

164B

A69535

G739.8

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1943

Registered No. G739.8

1. NAME OF DECEASED (Type or Print): Ronald Burger

2. DATE OF DEATH: MAY 2 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERSTOWN,
D. STREET ADDRESS (If rural, give location): 342 ELIZABETH Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	single	9-5-43	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: John Burger

14. MOTHER'S MAIDEN NAME: Josephine Rucle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Medulloblastoma cerebellum of — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

(B) Intracranial tumor

DUE TO

(C) Internal hydrocephalus — 3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/31/49	Cerebellar tumor	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-23-, 1949, to 5-2-, 1949, that I last saw the deceased alive on 5-2-, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE, M.D.	23B. ADDRESS	23C. DATE SIGNED
Maurice Sidor	JOHNS HOPKINS HOSPITAL	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/2/49		Hagerstown, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Fd Knies per Clayton E. Ketterman	Hagerstown, Md.

VS 150

54a

G739'79

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20 1

G739'79

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Lannon

2. DATE OF DEATH: 4/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2102 Barclay Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2102 Barclay Street 12-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/15
9. AGE (In years last birthday): 64 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: American Oil Co
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 213-05-4981
17. INFORMANT: Rev. F.X.Lannon ADDRESS: 2102 Barclay St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Inspection. Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Davis M D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 4/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/3/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WIEDEFELD & SON
ADDRESS: GREENMOUNT AVE & 22ND

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BIRTH NO. 673980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 491-673980

1. NAME OF DECEASED (Type or Print): FRANCIS SZCZUBLEWSKI
2. DATE OF DEATH: 5-1-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 505 S. WOLFE ST.
C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 505 S. WOLFE ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	WIDOWED	11-27-1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DAIRYMAN	RETIRED	POLAND	U.S.A.

13. FATHER'S NAME: MARTIN SZCZUBLEWSKI
14. MOTHER'S MAIDEN NAME: VERONICA KRYSTOWIAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	NONE	FRANK SZCZUBLEWSKI SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Myocardial Insufficiency — Interval between onset and death: 1 day

DUE TO

(b) Bronchopneumonia — 2 days.

DUE TO

(c) General Debility.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: John V. Szczublewski M.D.
23B. ADDRESS: 1802 Eastern Ave.
23C. DATE SIGNED: 5-2-49.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5/5/49
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART MARY
24D. LOCATION (City, town or county) (State): BALTO. CO.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: [illegible]
FUNERAL DIRECTOR: Lilly & Zeiler Inc
ADDRESS: 403 S. WOLFE

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CERTIFICATE CORRECTED 5-12-49 G73981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73981

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Bonnett

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bond Balt Gen Hosp DOA
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY: A. Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasadena
d. STREET ADDRESS (If rural, give location): Outing Ave. & 3rd St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/14/1876
9. AGE (In years last birthday): 73 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob W. Bonnett
14. MOTHER'S MAIDEN NAME: Mary Kirschbaum

15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jacob Bonnett ADDRESS: 3510 Brenda Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCoccur?

22 *I certify that I took charge of the remains described above, held an* Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23a. SIGNATURE: William G Wolfert M.D.
23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23c. DATE SIGNED: 4/30/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/3/49
24c. NAME OF CEMETERY OR CREMATORY: Glen Haven
24d. LOCATION (City, town, or county) (State): Pasadena, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler
ADDRESS: 4035 S. Wolfe

VS 151

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CERTIFICATE CORRECTED 5-12-49 ✓

G73982 BALTIMORE CITY HEALTH DEPARTMENT 6. ✓G73982

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Phillip E. Novicki

2. DATE OF DEATH 30 April 49.

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland Gen'l Hosp
C. Length of stay in Baltimore Yrs. Mos. Days LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 124 S. Highland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
M	White	Single	Aug. 24, 1944	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	(MD) Rome, New York	

13. FATHER'S NAME Vernon J Novicki

14. MOTHER'S MAIDEN NAME Gertrude Geissler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		NONE	Vernon Novicki	124 S. Highland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolus
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/29/49.	Congenital Malformation Common Duct	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 28 April, 1949 to 30 Apr, 1949 that I last saw the deceased alive on 30 Apr, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. G. Cranmann M. D.	Maryland Gen'l Hosp	30 Apr 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5/3/1949	Sacre Heart	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	[illegible]	Gilly & Zeiler	403 S. Wolfe St.

VS 150

1579

G73983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G73983
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Wachsmuth

2. DATE OF DEATH: 30 April 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3735 Gough St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3735 Gough St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 7/10/1874
9. AGE (In years last birthday): 74 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William Moody
14. MOTHER'S MAIDEN NAME: Mary A. Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alma Affarach
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fracture, Skull

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): In home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3735 Gough St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 30, 1949 5 A. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR?: Fell down steps

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 30 April 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/2/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: [illegible] for Williams MD
25. FUNERAL DIRECTOR: Lally & Zeiler
ADDRESS: 4035 S. Wolfe St.

186a

BIRTH NO. G73984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G73984

1. NAME OF DECEASED (Type or Print): Joseph F. TROJANOWSKI (Herman) (dim)

2. DATE OF DEATH: May 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 237 S. Castle St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	March 4, 1893	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenanceman	Bakery	Baltimore, Maryland	USA

13. FATHER'S NAME: Joseph Trojanowski

14. MOTHER'S MAIDEN NAME: ~~Martha~~ ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: ?

17. INFORMANT: Martha Trojanowski. ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McCafferty M.D.		May 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-5-49	St. Stanislaus	Balto.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams M.D.	Lilly J. Zeiler Inc	403 S. Caselle St.

94a

G73985

JL - 123116

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G23985

1. NAME OF DECEASED (Type or Print): Albert Branch

2. DATE OF DEATH: April 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 815 N. Dallas St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Married	Jan. 22, 1896	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME: Albert Branch

14. MOTHER'S MAIDEN NAME: Emma Towne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis Far Advanced — INTERVAL BETWEEN ONSET AND DEATH: ? Yrs
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20, 1948, *to* April 28, 1949, *that I last saw the deceased alive on* April 28 1949, *and that death occurred at* 8.40pm., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. L. Rogers M. D.	4940 Eastern Ave.	4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3/49	Mt Calvary Cem	a. a. Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAY 2 1949	[redacted]	Rayner Sanders 1412 E. Preston St 13

G73986 BALTIMORE CITY HEALTH DEPARTMENT G73986

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Mary Harrington

2. DATE OF DEATH Apr. 29-1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland / Wd. Cl. 23 / B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1330 Pontiac Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White		4-5-95	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Hennick

14. MOTHER'S MAIDEN NAME Catherine Keebler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

Write the cause of death clearly and legibly. Physicians: please write legibly.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — 2 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral nephrolithiasis — 2 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/17/49 *to* 4/29/49, *that I last saw the deceased alive on* 4/29/49 *and that death occurred at* 7:55 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE Crawford B Shier M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	5/2/49	Balto. National	Frederick Road. Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 2 1949	Huntington Williams	John F. Denny, Inc 715 Light St

1210

G73987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73987

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ERNEST H BECHTEL

2. DATE OF DEATH: 4/29/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME + HOSP

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Dundalk
D. STREET ADDRESS (If rural, give location): 14 ADMIRAL BOULEVARD

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: SEPT 10 1879
9. AGE (In years last birthday): 69
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: MILL WORKER
11. BIRTHPLACE (State or foreign country): CUBA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CONRAD BECHTEL
14. MOTHER'S MAIDEN NAME: MARY J. FERGUSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Emma E. Bechtel — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) LYMPHATIC LEUKEMIA
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1949, *to* 4/29, 1949, *that I last saw the deceased alive on* 4/24, 1949, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald W. Winter M. D.
23B. ADDRESS: Church Home + Hosp
23C DATE SIGNED: 4-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAY 3, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mexeland Memorial
24D. LOCATION (City, Town, or county) (State): Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR — ADDRESS: Roland L. Fiske 2112 Dundalk Ave.

VS 150

74a

G73988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

450

G73988

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Kokoszka

2. DATE OF DEATH: April 30 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 S. Bond St.

c. Length of stay in Baltimore: 55 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 620 S. Bond St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	white	widowed	April 25 1877	72		10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Poland	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS: Josephine Paszkiewicz 916 S. Kenwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senility
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 10, 1949, *to* Apr. 30, 1949, *that I last saw the deceased alive on* Feb 15, 1949, *and that death occurred at* 8 30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sigmund R. Nowak M. D.	408 S. Patterson Park Ave.	Apr. 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 3 1949	St. Stanislaus	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams M.D.	John J. Duda	2829 Hudson St.

VS 150

97

G73989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73989 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RENSHAW, MR WM

2. DATE OF DEATH 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSP.

c. Length of stay in Baltimore 1yr Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3226 Belair Rd
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3226 Belair Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	Apr 29, 1914	33		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Baltimore	

13. FATHER'S NAME Chas Renshaw

14. MOTHER'S MAIDEN NAME Lora Bramble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	213-14-2054	Mrs. Lora Kuvilus	3226 Belair Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Chronic Glomerular Nephritis

with

(C) Pneumonia, myocarditis and anemia - Carcinoma fortuna

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10 19 49 *to* 5-1 19 49 *that I last saw the deceased alive on* 5-1-49 19 ___ *and that death occurred at* 1 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arlie R Manthenger M. D.	University Hospital	5-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 4/49	Holy Redeemer	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Huntington Williams M.D.	Philip Henry Sons	Edmondson

VS 150

1218

G73990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73990

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Arndt

2. DATE OF DEATH: May 1-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4127 Sunnyside Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4127 Sunnyside Ave.

c. Length of stay in Baltimore: Yrs. 4 Mos. Days 28 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	White	married	May 11. 1884	64	11	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Egg candler	Poultry Dairy	Balto - Md	U.S.

13. FATHER'S NAME: Julius Arndt

14. MOTHER'S MAIDEN NAME: Amelia Krieger.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	—	[illegible]	Mrs Irene Arndt	4127 Sunnyside Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of stomach with metastases — INTERVAL BETWEEN ONSET AND DEATH: Sept. 1948

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. - 1948	Carcinoma of Stomach with Metastases.	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 15, 1948 *to* May 1, 1949 *that I last saw the deceased alive on* Apr 30, 1949, *and that death occurred at* 6.30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul Brawner M. D.	16634. North Av.	5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5/4/49	Druid Ridge Cem.	Pikesville, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	J. Vernon Linaman	4611 Park Hgts. Ave.

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46B

G73991 — BALTIMORE CITY HEALTH DEPARTMENT — G73991

CERTIFICATE OF DEATH

Registered No. 527

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anthony J Dick

2. DATE OF DEATH: 4/30/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 5107 Craig Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Three Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 5107 Craig Ave. 27-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	married	Oct. 16, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Music Teacher		Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
no	205-03-2187A	Mrs. Kathryn Dick, 5107 Craig Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William G. Kalbfus M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED: 4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5/3/49	Cathedral Cem.	Baltimore City,

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Werner Zimmerman	4611 Park Hgts. Ave.

HS 15A

111 C

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73992 484930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1949 Registered No. G73992

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wade Leon Stout.

2. DATE OF DEATH: APR 30 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 13
D. STREET ADDRESS (If rural, give location): 1578 Clifton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	widower	7-30-79	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mexico, Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Stout
14. MOTHER'S MAIDEN NAME: Carrie Ebaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: none
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Granulocytosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Extensive Metastasis — 3 months
DUE TO
(C) Carcinoma of Prostate — 6 months (illegible)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: Jan, Feb '49
19B. MAJOR FINDINGS OF OPERATION: Ca of Prostate + metastases to Bone
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20-, 1949 *to* 4-30-, 1949 *that I last saw the deceased alive on* 4-30-, 1949 *and that death occurred at* 4:30 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: Carl H Burns M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/6/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 1949
REGISTRAR'S SIGNATURE: Tunstall Williams M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

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673993
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

673993
Registered No.

1. NAME OF DECEASED (Type or Print): MARION K. HENZLER
2. DATE OF DEATH: 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Baltimore General Hosp
c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township):
D STREET ADDRESS (If rural, give location): 313 N Linden St #29

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widowed	Aug. 5, 1895	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Maryland (Balto.)	US

13. FATHER'S NAME: Ross T. Hamlin
14. MOTHER'S MAIDEN NAME: Lillie Pistel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	none	Mrs. Esther E. Vandever 4737 Wilson Blvd.	Arlington, Va.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary edema DUE TO	2 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) - DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C) Anemia	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-25-49, 19__, *to* 5-1-49, 19__, *that I last saw the deceased alive on* 5-1-49, 19__ *and that death occurred at* 9:53 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. L. Grant M.D.	W. Balt. Gen. Hosp.	5-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 4, 1949	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

Correct age if expecting important. Physic : please write the cause of death clearly and ibly.

673994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

673994

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Nora E. Bloomwell

2. DATE OF DEATH 4-30-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 2411 E. Biddle

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2411 E. Biddle St 8 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	8-9-1886	62	8 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lusby Lloyd	Margaret Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Samuel H. Bloomwell	2411 E. Biddle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-vascular disease — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-5-49	Preganglionous Lesion left Leg	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 3, 1949 *to* 4-29, 1949 *that I last saw the deceased alive on* 4-29-, 1949, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton C. Lang M. D.	2117 Belair Rd	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-3-49	Balto. Cem.	Mattfeld - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Huntington Williams, M.D.	John F. Mattfeld Sons	2435 E. Oliver St

937

Please write plainly; please write the cause of death clearly and legibly. Physician: It is important.

C23995

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C23995

1. NAME OF DECEASED (Type or Print): KATHERINE JEFFRIES OLD

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wyman Pk. Drive & 31st St.
c. Length of stay in Baltimore: 47 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Washington, DC
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 6629 -32nd St. NW

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/3/61
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 88

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Enos H. Hunsicker
14. MOTHER'S MAIDEN NAME: Anna M. Markley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: None
17. INFORMANT: Records- US Marine Hospital, Balto, Md.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Nephrosclerosis and uremia	Unknown
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	OTHER CONDITIONS: Arteriosclerosis, generalized with hypertension. Hemiplegia, right.	Unknown
(C)	Arthritis, chronic	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 16, 1949 *to* May 2, 1949 *that I last saw the deceased alive on* May 2, 1949 *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 5/2/49
24C. NAME OF CEMETERY OR CREMATORY: Ivy Hill
24D. LOCATION (City, town, or county) (State): Philadelphia, Penna

DATE RECEIVED BY LOCAL REGISTRAR: MAY 2 - 1949
REGISTRAR'S SIGNATURE: Huddleston Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: William J. Tickner & Sons North & Penna.

VS 150

121a

G73996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 31

Registered No. G73996

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dr. Charles J. Wells

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 5276 Park Heights Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: Yrs. — Mos. — Days 16

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5276 Park Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	June 13, 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Medical Doctor		Hampstead Carroll Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard C. Wells	Ann J. Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	—	—	Mrs Charles J. Wells	5276 Pk Heights Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	42 hrs.
DUE TO (B)	Generalized Arterio-Sclerosis	18 mos.
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November, 1941 *to* April 30, 1949, *that I last saw the deceased alive on* April 30, 1949, *and that death occurred at* 3:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Julius C. Bleuer, M.D.	5356 Reisterstown Rd	5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Interment	May 3 1949	Druid Ridge	Pikesville, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 - 1949	Huntington Williams, M.D.	Loring Tyers	5005 Pk Heights Ave

VS 150

832a

Correct age is especially important. Physician please write the cause of death clearly and legibly.

G73997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73997

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alvin Maynard Weinstein

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Hal 6

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: La
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): New Orleans
D. STREET ADDRESS (If rural, give location): 2437 S. Carrollton Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	9-7-24	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		La	

13. FATHER'S NAME: Nathan Weinstein

14. MOTHER'S MAIDEN NAME: Augusta Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart disease

DUE TO

(B) Pure pulmonic Stenosis

(C) Cyanosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-18-, 1949 *to* 5-2-, 1949 *that I last saw the deceased alive on* 5-2-, 1949, *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mitchell C. Sanford M.D.	JOHNS HOPKINS HOSPITAL	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5-3-49		New Orleans La

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Jack Levin Inc	2100 Eutaw Pl

VS 150

157E

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G73998 — BALTIMORE CITY HEALTH DEPARTMENT — 760 — Registered No. G73998

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): EVA BROWN

2. DATE OF DEATH: May 1-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 W. Fort St
c. Length of stay in Baltimore: 8 Years Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8 W Fort St 22-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col	Widow	12/31/1883	65 62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Home	Roanoke Va.	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Roxane Bridgeby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Isabelle Hill	8 W Fort St

MEDICAL CERTIFICATION

Cause of death clearly and legibly. Physician please write the cause in space provided. Important.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorhage — 23 Days

DUE TO

(B) Hypertension Nephritis

DUE TO

(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr - 11 - 1949 *to* May 1, 1949 *that I last saw the deceased alive on* May 1, 1949 *and that death occurred at* 6 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
David Franklin, M. D.	122 W. Lee St	5/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3/49	Alexander Va	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	James Astaya	142 W Lee St

VS 150

61

G73999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G73999

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Thomas Bombardo

2. DATE OF DEATH May 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hos

c. Length of stay in Baltimore Visiting Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Washington, D.C. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 112 East St., N.W.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W		Oct. 4-1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble Cutter
10B. KIND OF BUSINESS OR INDUSTRY Stone
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Bombardo
14. MOTHER'S MAIDEN NAME Miss Castelgreggi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (Name and address) Mrs Lizzie Bes Bolchi

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-
DUE TO vascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED May 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/2/49	Holy Cross	Malden Mass.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR ADDRESS Frank Della Vecchia 93D

VS 151

B74000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. B74000

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clyde V. GIBBONS

2. DATE OF DEATH April 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

C. Length of stay in Baltimore 8 Yrs. [redacted]

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 19 South Broadway 2-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married		60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Burton, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Patrick Gibbons

14. MOTHER'S MAIDEN NAME Virginia Kimmelerick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War 1

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardiovascular disease.	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE George G. Merrill M.D.

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE 5-3-49

24C. NAME OF CEMETERY OR CREMATORY Harmony

24D. LOCATION (City, town, or county) (State) Burton W. Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Jerome Pelly ADDRESS 322 S. High St. 937

VS 151

co..ect age is especial,, important. Physician... please write the cause.. of death clearly and le..bly.

74001 BALTIMORE CITY HEALTH DEPARTMENT Registered No. G74001

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ida Maurer (also known as Herold) 2. DATE OF DEATH 1 May 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2044 E. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2044 E. Fayette St 6-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		Feb 10, 1877	72	2 / 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward L. Weis

14. MOTHER'S MAIDEN NAME Mary J. Lotta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Jos. J. Herold ADDRESS 2044 E. Fayette St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Wm. H. Kammer, Jr. M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑ 23C. DATE SIGNED 1 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 5/4/49 24C. NAME OF CEMETERY OR CREMATORY Oak Lawn 24D. LOCATION (City, town, or county) (State) Colgate Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1949 REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 2005 E. Baltimore St

VS 151

94a

G74002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 41 Registered No. G74002

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Neary

2. DATE OF DEATH: May 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 26-7

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 730 S. Oldham St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	widowed	11/28/1902	46	5	3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore Md	

13. FATHER'S NAME: Joseph B Bothe

14. MOTHER'S MAIDEN NAME: Rosa Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Kathleen Neary	730 S Oldham

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute congestive heart failure

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Carl L Rouzer M.D. | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ | 23C. DATE SIGNED: 1 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/49	Oak Lawn	Colgate Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS: 2004 Eastern Ave

VS 151

93E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician please write the cause of death clearly and legibly. Correct age is especially important.

G74003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 Registered No. G74003

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NEWTON B. WYATT

2. DATE OF DEATH 5/2/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME + HOSP
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 228 N. COLLINGTON 6-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W		NOV 4 1895	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	MECHANIC	ALABAMA	

13. FATHER'S NAME JAMES WYATT

14. MOTHER'S MAIDEN NAME EMMA FULLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF ADRENAL LEFT
DUE TO
(B) GENERALIZED METASTASIS.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/30/49	SAME AS ABOVE	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/24, 1949 *to* 5/2, 1949 *that I last saw the deceased alive on* 5/2, 1949 *and that death occurred at* N.00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald W. Mintzer M.D.	CHURCH HOME + HOSP	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 8	National Cem	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Ulman Funeral Home 2008 Orleans

VS 15D

55a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

74004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

334 3 G74004 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR. JOHN DAPTIST RUMMEL

2. DATE OF DEATH: 30 APRIL 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1426 N. PATTERSON PK. AVE

c. Length of stay in Baltimore: 63 YRS. 6 MOS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 8-4
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1426 N. PATTERSON PK AVE

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 4 NOV 1885
9. AGE (In years last birthday): 63 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEET METAL WORKER
10B. KIND OF BUSINESS OR INDUSTRY: B & O RR.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MR ANDREW RUMMEL
14. MOTHER'S MAIDEN NAME: MRS BARBARA KREIT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 705 03 5340
17. INFORMANT: MRS. RUMMEL (WIFE) ADDRESS: 1426 N. PATTERSON PK AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ARTERIOSLEROSIS, CEREBRAL — INTERVAL BETWEEN ONSET AND DEATH: 10-12 MOS
DUE TO
(B) NONE
DUE TO
(C) NONE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOVEMBER, 1948, *to* APRIL 30, 1949, *that I last saw the deceased alive on* APRIL 30, 1949, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles P. Cumm M.D.
23B. ADDRESS: 2722 E. MONUMENT ST.
23C. DATE SIGNED: 30 APR 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 4/49
24C. NAME OF CEMETERY OR CREMATORY: Balto Cem
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mitchell Funeral Home ADDRESS: 2008 Orleans

VS 150

97

G74005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-8 G74005

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE H. MESSNER

2. DATE OF DEATH May 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3928 Cloverhill Rd.

c. Length of stay in Baltimore 12 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 3928 Cloverhill Rd. 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	white	married	Sept 23-1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher		Hooktown Md.	U.S.

13. FATHER'S NAME Elijah Robert Wayman

14. MOTHER'S MAIDEN NAME Margarella J. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Wm. Walter H. Messner

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO Ductal Carcinoma metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO Carcinoma of unknown origin

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 6 mo. / 1 yr.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____ 19 35 to May 1, 19 49, that I last saw the deceased alive on April 30, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert M. Foster M.D.	2824 St. Paul St	May 2, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5 1949	Salem M.E. Cemetery	Hoomonk. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 1949	Huntington Williams, M.D.	Henry V. Watson	55E Hoomonk Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

74006 74006 S-74006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ada Mary Ardinger

2. DATE OF DEATH May 2 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 4506 Sorrento Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission.) STATE Milner Hotel Baltimore COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1 Md.

c. Length of stay in Baltimore 50 Years. Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 900 Cathedral St. Milner Hotel. 11-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
F	W.	Married.	Feb. 26. 1865.	84	2	12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk.	United Drug Co.	Williamsport Md.	Usa.

13. FATHER'S NAME: James C Ardinger.

14. MOTHER'S MAIDEN NAME: Emma L Hutzell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No.	None.	William E Ardinger.	Williamsport Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 30, 1949, *to* May 2, 1949, *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 3:30 P.M. *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H R Johnson M.D.	403 Med Arts Bg	5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5. 49.	Rivervieu	Williamsport Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/3/49	Huntington Williams, MD	Laith V Leaf.	Williamsport Md.

VS 156

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO 1007 — Registered No. G74007

1. NAME OF DECEASED (Type or Print): ELIZA MORRIS

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1625 Division St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1625 Division St. 14-2

5. SEX: Female
6. COLOR or RACE: Colored
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 18, 1876
9. AGE (In years last birthday): 72 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13. FATHER'S NAME: William Green
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Florence Price — ADDRESS 2831 Remington Ave.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; please write the cause of death clearly and legibly. Physician: please write correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — Interval between onset and death: 1 day

DUE TO
(B) Hypostatic Pneumonia (Bilateral) — 6 months

DUE TO
(C) Cystitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27 *, 19*49 *to* 4-30- *, 19*49 *that I last saw the deceased alive on* 4-30- *, 19*49 *, and that death occurred at* 4:30 *p. m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Bradshaw Higgins, M.D.
23B ADDRESS: 2243 Madison Ave
23C DATE SIGNED: 5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: May 4, 1949
24C NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: MRS. FRANCES A. Hemsley
ADDRESS: 571 W. Biddle St
937

G74008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74008

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET BAMBERGER

2. DATE OF DEATH: 5-1-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 637 S. Curley St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 1-2

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 637 S. Curley St.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Widowed	10-27-1888	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Md.	U.S.A.

13. FATHER'S NAME: Pat Downey

14. MOTHER'S MAIDEN NAME: Catherine Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: None

17. INFORMANT: Elizabeth Bamberger ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Diabetes mellitus	8 yrs.
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 28, 1949 *to* May 1, 1949, *that I last saw the deceased alive on* April 30, 1949, *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. LeBoeuf M. D.	3033 Eastern Ave.	5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5-4-49	Holy Redeemer	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Tilly & Zeiler	403 S. Wolfe

VS 150

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be sure age is especially important. Physician: please write the cause of death clearly and forcibly.

G74009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74009
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine Wiktor

2. DATE OF DEATH: May 2,1949

3. PLACE OF DEATH: Baltimore City, Maryland 3520 Hilton Street

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashburton Home

3c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore-24
D. STREET ADDRESS (If rural, give location): 741 South Luzerne Ave 1-3

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17,1891
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore,Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Blachowicz
14. MOTHER'S MAIDEN NAME: Rosalie Bystrek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 217-03-2068
17. INFORMANT — ADDRESS: Mr.John Wiktor 741 South Luzerne Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Papillary Carcinoma uterus (body) with extension into pelvis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ? 12 mos

19A. DATE OF OPERATION: 18 Feb 49
19B. MAJOR FINDINGS OF OPERATION: Biopsy uterine mass.
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Feb, 1949, *to* 22 April, 1949, *that I last saw the deceased alive on* 22 April, 1949, *and that death occurred at* 1245P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Arthur G Swinski M.D.
23B. ADDRESS: 214 Medical Arts Bldg
23C. DATE SIGNED: 3 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): May 5,1949
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, Town, or County) (State): Baltimore Co,Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: George A.Weber 705 South Ann Street

VS 150

480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74010 128653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74010

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Alfieri

2. DATE OF DEATH 5-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals

C. Length of stay in Baltimore 34 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 124 N. Haven Street (24) 26-44

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 9, 1895
9. AGE (In years last birthday) 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Deceased
14. MOTHER'S MAIDEN NAME Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS 4940
RECORDS*BALTO. CITY HOSPITALS Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Syphilitic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs. ?

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1 19 49 *to* 5-2- 19 49, *that I last saw the deceased alive on* 5-2- 19 49, *and that death occurred at* 10:40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE G. H. Dagen M. D.
23B. ADDRESS 4940 Eastern Avenue
23C. DATE SIGNED 5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 5/3/49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State) Morgantown W. Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1949
REGISTRAR'S SIGNATURE Huddington Williams, M.D.
25. FUNERAL DIRECTOR John D. Connelly
ADDRESS Cissy, Md.

VS 150

30E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physician please write the cause of death clearly and legibly.

G74011
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-42

G74011
Registered No.

1. NAME OF DECEASED (Type or Print): Minnie Boles

2. DATE OF DEATH: April 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland University Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: 30 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 629 N. Carey St. 11-1

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 5, 1899
9. AGE (In years last birthday): 49 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Key West, Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Delaware
14. MOTHER'S MAIDEN NAME: Lillian Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian Boles. ADDRESS: 629 N. Carey St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Decompensation
DUE TO with Pulmonary Edema

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 6
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23 1949 *to* April 29, 1949 *that I last saw the deceased alive on* April 29, 1949, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank E Brumback M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 4, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams ADDRESS: 322 N. Schroeder St

NS 150

95c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

74012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74012 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Wright

2. DATE OF DEATH: 4-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 325 N. Gilmor St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 19-1
D. STREET ADDRESS (If rural, give location): 325 N. Gilmor St.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married (Sep.)
8. DATE OF BIRTH: Oct. 2, 1893
9. AGE (In years last birthday): 55
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Urbanna. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carter
14. MOTHER'S MAIDEN NAME: Maria Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Cordria Carter ADDRESS: 325 N. Gilmor St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Arter-Ren Disease &
DUE TO Arteriosclerosis
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 week

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10 *to* 4/30 *that I last saw the deceased alive on* 4/30 *and that death occurred at* 8:24 *m., from the causes and on the date stated above.*

23A. SIGNATURE OF M.D.: [signature]
23B. ADDRESS: 325 N. Gilmor St
23C. DATE SIGNED: 5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 4, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md
ADDRESS: 322 N.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE: [signature] Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams Schroeder

VS 150

1210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G740:3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G740:3

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albert C. Buttner

2. DATE OF DEATH May - 1 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2124 Ridgehill Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 2124 Ridgehill Ave 15-4

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	Married	Apr. 8. 1891	59		23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker	Schmidt Bak. Co	Balto. Md.	

13. FATHER'S NAME Michael Buttner

14. MOTHER'S MAIDEN NAME Elizabeth Eisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		211-01-7871	Mrs Lillian Buttner	2124 Ridgehill Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Apoplexy DUE TO Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 Mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Myocarditis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 30, 19 49, *to* May 1, 19 49, *that I last saw the deceased alive on* May 1, 19 49, *and that death occurred at* 11:45 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
N. E. Reedle M. D.	317 - 20. North Pk	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, Town or County) (State)
Burial	5-4-49	Loudon Park Cem.	Frederick Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	[redacted]	John C. Molloy Sons	2935 E. Oliver St

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Where any item is especially important. Physician: please write the cause of death clearly and legibly.

G74014

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 177

Registered No. G74014

1. NAME OF DECEASED (Type or Print) Charles Freeman

2. DATE OF DEATH April 29, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 2430 Madison Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 12-3
d. STREET ADDRESS (If rural, give location) 2430 madison Ave

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore ? Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
M	C	M	10/2/1893	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Va.	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		212-10-1889	Lonnie Boozer	2430 Mad. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) carcinoma of the prostate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 15, 1948 *to* April 29, 1949, *that I last saw the deceased alive on* April 28, 1949, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. H. Patterson M. D.	2324 Reisterstown Rd	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/49	Mt Auburn	Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1949

REGISTRAR'S SIGNATURE Courtney Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 150

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not guess at age if not known, but give approximate. Physician please write the cause of death clearly and legibly. Physician please write the cause of death clearly and legibly. Physician please write the cause of death clearly and legibly

G74015 — terin — 983.0 E — G74015

BIRTH NO. — Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): William Pearson — N-802

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
C. Length of stay in Baltimore: 20 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1459 N. Parrish St. 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	C		1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Bell Thomas
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 217-07-0098
17. INFORMANT: Martha Jones — ADDRESS: Eldridge Md. 27

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intra-cranial hemorrhage
DUE TO
(B) Fracture of skull
DUE TO
(C) Blood pressure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1459 Parrish Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 24, 1949 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Felled by fist

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE: Earl L. Roger M D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 1 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/5/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson — ADDRESS: 1303 Prestman

VS 151

168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 74016

BIRTH NO. 74016

1. NAME OF DECEASED (Type or Print): Paul Johnson

2. DATE OF DEATH: April 29, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 812 N. Gay St. 10-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	C	S.	Oct. 1906	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		U. S.	

13. FATHER'S NAME: Charles Johnson
14. MOTHER'S MAIDEN NAME: Charlotte Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	217-01-3008	Lennie Easturight	812 N. Gay

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) pulmonary tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McClafferty M.D		April 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	5/3/49	Mt. Calvary	A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Lucington Williams M.D.	Byron T. Marnie Wright	721 Augusta

VS 151

12 B

G74017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74017

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERBERT MARTIN

2. DATE OF DEATH: April 28, 1949 10 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 533 N. Lee Street. 22-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C	married	1/12/98	51				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Martin
14. MOTHER'S MAIDEN NAME: Frazier Borrell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Hattie Martin ADDRESS: 533 W Lee St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid hemorrhage
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23. SIGNATURE: Geo. Merrill Paul Boyer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 3, 49
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): Baltimore County

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 1949
REGISTRAR'S SIGNATURE: Cuthbert Williams, M.D.
25. FUNERAL DIRECTOR: Carroll Brown Son ADDRESS: 138 W Montgomery St

VS 151

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians please write the causes of death clearly and legibly.

G74018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74018
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HAROLD LESLIE LAWSON

2. DATE OF DEATH May 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1126 Argyle Ave.
c. Length of stay in Baltimore 17 Yrs. 8 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1126 Argyle Ave. 17-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Single	April 27, 1932	17	1 / 4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Baltimote, Md.	U.S.A.

13. FATHER'S NAME Lawrence Lawson

14. MOTHER'S MAIDEN NAME Delina Webb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No.		Lawrence Lawson 1126 Argyle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hodgkin's Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) None — DUE TO

(C) None — malignant (over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 1948	Retroperitoneal Tumor - inoperable	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1948 *to* May 1, 1949 *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Gilbert L. Shipley M. D.	722 N. Dulaney Lane	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5, 1949	Family lot	Roxboro, N.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 1949	Huntington Williams, M.D.	Mrs. George H. Holland	1631 Druid Hill Ave.

VS 150

46H

G74019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 w 2.1

Registered No. G74019

BIRTH NO

1. NAME OF DECEASED (Type or Print): HENRY COLLINS

2. DATE OF DEATH: 5-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 27 N. Carey St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good SAMARITAN HOSPITAL 27 N CAREY ST. BALTIMORE, MD
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2109 annapolis ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto MD
D. STREET ADDRESS (If rural, give location): 5-4-?

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, (WIDOWED, DIVORCED (Specify)): both Single
8. DATE OF BIRTH: Feb 10 1873
9. AGE (In years last birthday): 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Mill Bureau
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Collins
14. MOTHER'S MAIDEN NAME: maggie Collins deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT: William Grove
ADDRESS: 1622 Loydon St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

(B) Arteriosclerosis — 2 yrs

DUE TO

(C) Gangrene (dry) left foot
Amputation of toes, left foot — 1 yr
1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1949 *to* May 2, 1949, *that I last saw the deceased alive on* April 29, 1949, *and that death occurred at* 11:5 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 703 Medarts Bg
23C. DATE SIGNED: 5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/4/49
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge
24D. LOCATION (City, town, or county) (State): Washington

DATE RECEIVED BY LOCAL REGISTRAR: MAY 3 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Edward Jackson
ADDRESS: Washington

VS 150

53

PRINT WITH PENCIL FIRMLY. WRITE UNREADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician please write the cause of death clearly and legibly.

G74020

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74020

1. NAME OF DECEASED (Type or Print): REYNOLDS G. CHILDS

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 407 Venable Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 407 Venable Avenue 12-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married		55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Express & Hauling	Self employed	Maryland	USA

13. FATHER'S NAME: William C. Childs

14. MOTHER'S MAIDEN NAME: Mary Gent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mrs. Eleanor Childs	407 Venable Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McCafferty M.D	CHIEF MEDICAL EXAMINER [X]	5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 6. 1949	Loudon Park	Frederick Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Carlton Williams, M.D.	Harry Hudelson	1101 Edmondson Ave

VS 151

1116

G74021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74021

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET MCDERMOTT

2. DATE OF DEATH: May 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 833 Woodington Road.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 833 Woodington Rd. 16-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Widow	Aug. 14, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Md.	

13. FATHER'S NAME: John Doyle

14. MOTHER'S MAIDEN NAME: Margaret ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. J. Francis McAnally	833 Woodington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pneumonia (hypostatic)	3 days
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Arteriosclerotic cardio vascular dis.	?
DUE TO		
(C)	Cerebral thrombosis.	1 week
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/25, 1949, *to* 5/1, 1949 *that I last saw the deceased alive on* 5/1, 1949 *and that death occurred at* 8.50A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
George A. Kump M. D.	3030 Edmondson Avenue	May 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Evelyn Williams, M.D.	Harry H. Witzke	4101 Edmondson Ave.

VS 150

Harry H. Witzke — 937

Please write plainly with unfading ink. Every item of information should be carefully considered. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G74022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74022

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY EPPS

2. DATE OF DEATH: April 29, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Baltimore City

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: 15yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 713 west Fayette St. 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	colored	Separated	9/7/1911	37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Resturant	Dinwitty County, Va.	U°S°A

13. FATHER'S NAME: David Epps

14. MOTHER'S MAIDEN NAME: Elizabeth Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		212-22-8177	Chas. Epps	1302 Argyle Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis, with miliary dissemination.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D	X	April 30, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/3/49	Mt. Auburn	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Charles G° Cooper	512 Carrollton Av.

VS 151

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians, please write the cause of death clearly and legibly.

G74023

G74023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH, 19 50

Registered No.

STATE FILE NO.

1. NAME OF DECEASED (Type or Print) Louise Bertha Leusch Babylon

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5505 Hill Top Ave.,
c. Length of stay in Baltimore 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write INTRAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 5505 Hill Top Ave., 27-44

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan.12,1900
9. AGE (In years last birthday) 49
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer
10B. KIND OF BUSINESS OR INDUSTRY B.&O.R.R.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Leusch
14. MOTHER'S MAIDEN NAME Charlotte Quast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-2838
17. INFORMANT Samuel R.Babylon ADDRESS 5505 Hill Top Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of breast.	
ANTECEDENT CAUSES	(A) General metastasis	18 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION December 1947
19B. MAJOR FINDINGS OF OPERATION Carcinoma of breast.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1947 *to* May 2, 1949, *that I last saw the deceased alive on* May 2, 1949, *and that death occurred at* 4:30a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward C. Mark, M.D.
23B. ADDRESS 516 Cathedral St.
23C. DATE SIGNED 5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5-4-49
24C. NAME OF CEMETERY OR CREMATORY Parkwood
24D. LOCATION (City, town, or county) Parkville, (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR G.Howard Strong ADDRESS 3207 W.North Ave.,

VS 150

50

G74024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

Registered No. G74024

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Estelle Paterson

2. DATE OF DEATH May-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 622-E-33-St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 622-E-33-St - 9-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widow	4/m/3/1870	79	- -	-

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Balto Md	U S

13. FATHER'S NAME James H. Minifie

14. MOTHER'S MAIDEN NAME Margaret Southgate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	No	Mrs G. P. Hull	622-E-33-St-Balto

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage	5 days.
	DUE TO (B) Arteriosclerosis	5 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1949, to May 1, 1949, *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 2.05 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arthur G Davies M. D.	800 W 33rd St	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-4-49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Edington Williams, MD	Stewart Morris Co.	Balto.

VS 150

83a

G74025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74025 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alis Harris

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis
D. STREET ADDRESS (If rural, give location) 1205 Smithville St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Single	3-3-17	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher		Va.	

13. FATHER'S NAME Willie J. Harris

14. MOTHER'S MAIDEN NAME Susie Drew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured intracranial aneurysm, left

DUE TO

(B) posterior communicating artery

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 10 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
May 1, 1949	Intracranial aneurysm	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-29, 1949 *to* 5-2, 1949 *that I last saw the deceased alive on* 5-2, 1949, *and that death occurred at* 9 20 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert E. Green M. D.	JOHNS HOPKINS HOSPITAL	May 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 3, 1949		South Boston Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Mrs. Ruth A. Elliott & Daughter 1129 N. Caroline St 96

VS 150

Every item of information should be carefully supplied. Be sure to write the cause of death clearly and legibly. Correct age is especially important. Physician: please write plainly, with INDELIBLE INK.

G74026

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74026
Registered No.

1. NAME OF DECEASED (Type or Print) Maria Fertitta

2. DATE OF DEATH May 3/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-1
D. STREET ADDRESS (If rural, give location) 124 N. Camden St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	Widowed	Nov. 1- 1884	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Culotta

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs Mary Culotta - 504 Light St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes ; Cystocoele CYSTOCOELE

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* May 2, 1949, *to* May 3, 1949, *that I last saw the deceased alive on* May 3, 1949 *and that death occurred at* 12:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R C Huntington M.D. M. D.	Univ. Hospital	5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/6/49	New Cathedral	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, M.D.	Leonard J. Luck	5305 Harford

VS 150

61

Every item of information should be carefully supplied. Please write plainly and legibly. Physician: please write the cause of death clearly and correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 G74027 Registered No.

~~G74027~~ BIRTH NO.

1. NAME OF DECEASED (Type or Print) HATTIE 'AMELIA NORTH

2. DATE OF DEATH MAY 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) IN MUNICIPAL AMBULANCE ONWAY TO UNIVERSITY HOSP. (D.O.A.)

c. Length of stay in Baltimore 69 Yrs. 1 Mos. 0 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 21-2
D. STREET ADDRESS (If rural, give location) 1113 WASHINGTON BLVD

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH APRIL 3, 1881 | 9. AGE (In years last birthday) 68 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BALTO MD | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES F. NORTH

14. MOTHER'S MAIDEN NAME SARAH VIRGINIA AUSTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO —

17. INFORMANT MARY RICKEL ADDRESS 1113 WASH. BLVD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) HYPERTENSINE CARDIO-VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) ARTERIOSCLEROSIS — 3-5 YRS
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA OF URINARY BLD. — ?

19A. DATE OF OPERATION NONE | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 24 1949 to May 2, 1949 *that I last saw the deceased alive on* May 2, 1949 *and that death occurred at* 11:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Ellsworth V. North M.D. | 23B. ADDRESS 3247 Westmont Ave | 23C. DATE SIGNED 5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/5/49 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | 24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1949 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR WM. J. TICKNER & SONS | ADDRESS Balto., Md.

VS 150

52B

Please write the cause of death clearly and legibly. Physician please write the correct age is especially important.

G74028

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G74028

1. NAME OF DECEASED (Type or Print): WILLIAM A. WHITE

2. DATE OF DEATH: May 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5009 Overton Rd.

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5009 Overton Rd. 25-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	white	married	Aug. 19, 1889	59 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Balto., Md.	

13. FATHER'S NAME: Milton White

14. MOTHER'S MAIDEN NAME: Ida Blackingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Mr. Embert E. Greenwell	4709 Sayer Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 hours

DUE TO

(B) Generalized Arteriosclerosis — 10 years

DUE TO

(C) Osteo-arthritis — 10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
none		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-30, 1941, *to* 5-1, 1949, *that I last saw the deceased alive on* 5-1, 1949, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton K. Gallagher M.D.	6207 Frederick Rd, Balto 28	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 3 - 1949	Huntington Williams, MD	WM. J. TICKNER & SONS	Balto., Md.

VS 150

832a

G74029 BABY A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7630 G74029

Registered No.

BIRTH NO. BC 49-18528

1. NAME OF DECEASED (Type or Print)	Boy Everhart
2. DATE OF DEATH	April 30, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Sinai Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)	4 days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore 16
D. STREET ADDRESS (If rural, give location)	2009 Braddish Avenue 15-6
5. SEX	Male
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	S.
8. DATE OF BIRTH	April 26, 1949
9. AGE (In years last birthday) / If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.	/ / 4 /
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Robert Everhart
14. MOTHER'S MAIDEN NAME	Dorothy Scheuerman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	Dorothy Everhart
ADDRESS	2009 Braddish Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C) Bronchopneumonia ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	YES ☒ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED	WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* April 26, 1949 *to* April 30, 1949, *that I last saw the deceased alive on* April 30, 1949, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	Albert F. Weisz, M. D.	
23B. ADDRESS	Sinai Hospital	
23C. DATE SIGNED	5-3-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Returned to hospital	
24B. DATE	May 4 '49	
24C. NAME OF CEMETERY OR CREMATORY		
24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR	MAY 3 - 1949	
REGISTRAR'S SIGNATURE	Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		
ADDRESS		

VS 150

107

G74060 Med. Exam. Case ✓ ✗ 54.0 G74060

Released to Hosp

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Richard H Green

2. DATE OF DEATH: May 3 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission)
A STATE: N. Y.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irving
D. STREET ADDRESS (If rural, give location): Jackson St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white	Child	10-11-48		6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N. Y.	

13. FATHER'S NAME: Arthur Green

14. MOTHER'S MAIDEN NAME: June Foton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSP.	

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anoxia & Cardiac

DUE TO

(B) failure due to

DUE TO

(C) Congenital Heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Pathology & Tetralogy of Fallot

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Tetralogy of Fallot	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/30 *, 19*49 *to* 5/3 *, 19*49*, that I last saw the deceased alive on* 5/3 *, 19*49*, and that death occurred at* 1:40 *m., from the causes and on the date stated above.*

23. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mitchell C. Rath M.D.	JOHNS HOPKINS HOSP.	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 7 1949	Hanover cemetery	Silvercreek New York

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Huntington Williams, M.D.	Henry Sander & Sons Inc.	Baltimore Md.

VS 150 to be disposed of by burial

157E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. Correct age is especially important. Physician: please write the cause of death clearly and fully.

G74031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
193

G74031
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARBARA DALE THOMPSON

2 DATE OF DEATH 5-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP

c. Length of stay in Baltimore 11 Years Months Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE West Va
B COUNTY
C. CITY OR TOWN Pliny (If outside corporate limits, write RURAL and give township)
D STREET ADDRESS (If rural, give location) Route #2

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
F	W	S	July 13, 1944	4	10	0		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10B KIND OF BUSINESS OR INDUSTRY —
11 BIRTHPLACE (State or foreign country) West Va.
12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wright Ray Thompson
14 MOTHER'S MAIDEN NAME Thelma Tomlin

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT Mother ADDRESS Pliny W. Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Edema
DUE TO (post operative)
(B) Cerebellar Tumor
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
(A) ?
(B) over

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
5-2-49	Tumor post. fossa (Cerebellar)	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-23-49, 19 , *to* 5-4-49, 19 , *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 2:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. Marshall Bassett Jr. M.D.	Union Mem. Hosp	5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	6/4/49	Thompson	Logan W. Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Hyll Cook ADDRESS 1217 S. Paul St.

VS 150

54a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

G740352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G740352

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Beverly Jean Wheeler

2. DATE OF DEATH: 5-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write IN REAL and give township): Savage
D. STREET ADDRESS (If rural, give location): —

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 13, 1949
9. AGE (In years last birthday) | If Under 1 Year: Months | Days: 20 | If Under 24 Hours: Hours | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Savage
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Elmer Wheeler
14. MOTHER'S MAIDEN NAME: Anna Grace Carwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Anna Grace Wheeler
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intraventricular Hemorrhage — Interval between onset and death: 20 days

DUE TO

(B) with Resulting Internal Hydrocephalus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bilateral Bronchopneumonia — 2 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29 1949 to 5-3 1949 *that I last saw the deceased alive on* 5-3 1949 *and that death occurred at* 4 P. M. *from the causes and on the date stated above.*

23A. SIGNATURE: Sidney Johnson Venable Jr. M.D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 4/49
24C. NAME OF CEMETERY OR CREMATORY: Savage
24D. LOCATION (City, town or county) (State): Savage Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: D. Wirt Donaldson
ADDRESS: Laurel, Md.

VS 150

157a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74033 Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly answered. Physician: please write the cause of death clearly and fully. Exact age is especially important.

1. NAME OF DECEASED (Type or Print): Robert Albert Stevenson

2. DATE OF DEATH: Apr. 30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 642 Greenwillow

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 642 Greenwillow.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 642 Greenwillow St 17-07

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 57yrs
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Stevenson
14. MOTHER'S MAIDEN NAME: annie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): War 1
16. SOCIAL SECURITY NO:
17. INFORMANT: Mary Stevenson ADDRESS: 642 Greenwillow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Pulmonary Tuberculosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20/49 *to* 4/30, 1949, *that I last saw the deceased alive on* 4/30, 1949, *and that death occurred at* 3 6 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dan'l Saunders M.D.
23B. ADDRESS: 1111 W Lee
23C. DATE SIGNED: 5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/4/49
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 - 1949
REGISTRAR'S SIGNATURE: Thurlington Williams M.D.
25. FUNERAL DIRECTOR: James A Hayes
ADDRESS: 142 W Hill

VS 150

13B

G74034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. BC-49-09033

Registered No. G74034

1. NAME OF DECEASED (Type or Print): Baby · Paige

2. DATE OF DEATH: 4/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 911 McKean Ave.

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 911 McKean Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Negro	S	4/29/49			10 / 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Paige	Marian Paige

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Arthur Paige	911 McKean Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs 14 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C) Aspiration of Milk

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/29, 1949, *to* 4/30, 1949, *that I last saw the deceased alive on* 4/30, 1949, *and that death occurred at* 9:15 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bruce V. Benjamin, M. D.	1834 Edmondson Ave.	4/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	4/30/49	JOHN HOPKINS MEDICAL SCHOOL MAY 2 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Huntington Williams, M.D.		

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write correct age is especially important. Physician: please write the cause of death clearly and legibly.

159

G74035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70.0 G74035

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) BABY GIRL FARINACCI

2. DATE OF DEATH 4/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ. Hosp
C. Length of stay in Baltimore 24 hr. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 9
D. STREET ADDRESS (If rural, give location) 3822 Monterey Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Infant	4/24/49			4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony Farinacci

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mother ADDRESS Same as 9

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not use abbreviations. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Erythroblastosis Fetalis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 4/24 19 49 *to* 4/24/49 19 49, *that I last saw the deceased alive on* 4/24, 19 49 *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Nicholas Maller M. D.

23B. ADDRESS Univ. Hosp

23C. DATE SIGNED 4/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAY 3 1949

DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

161 c

G74036

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170 G74036
Registered No.

1. NAME OF DECEASED (Type or Print): Lizzie Hudson

2. DATE OF DEATH: May 1-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 225 E. Montgomery St.
c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. City
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Single	2-14-1877	72				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
✓	✓	Balto. Md.	

13. FATHER'S NAME: William Hudson

14. MOTHER'S MAIDEN NAME: Elizabeth Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Mrs Mae Brucksch-225 E. Montgomery

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known or obtainable. Physician: please write the cause of death clearly and correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 3/

DUE TO

(B) Carcinoma of the Breast

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/17 *, 19* 49 *, to* 5/1 *, 19* 49 *, that I last saw the deceased alive on* 4/20 *, 19* 49 *, and that death occurred at* 12:[illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Kern M. D.	[illegible]	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5-4-1949	Mt. Olivet	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	[signature]	Flynn & Fleming	1426 Light St.

VS 150

50

G74037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 890.0 G74037

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES McCABE N-9150

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1216 Asquith Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	Jan. 31, 1885	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. McCabe

14. MOTHER'S MAIDEN NAME: Rose Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: mrs. Margaret Harrington ADDRESS: 1006 Bonaparte St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation due to
DUE TO Carbon monoxide poisoning
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1216 Asquith Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 2, 1949 P. m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Leaking gas heater

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: W. F. McClafferty M.D

23B. CHIEF MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5-5-49

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Baltimore St.

178a

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.

G74038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74038 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Cooper

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sister Sisters of the Poor Home for the Aged

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1200 Valley St 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W.	W.	1867	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
✓	✓		

13. FATHER'S NAME Martin —

14. MOTHER'S MAIDEN NAME Catherine —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lillian Summers ADDRESS 1200 Valley St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis

DUE TO (B) Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 yr. (B) (C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 10, 1948, to May 2, 1949, *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 12:10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Fosbrey M. D.	1823 N. Wash. Pl.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5, 1949	Holy Redeemer	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 1949

REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.

25. FUNERAL DIRECTOR ADDRESS: Rita Friedfeld 900 E. Biddle St

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write "none" or "unknown." Do not abbreviate. Physician's please write the cause of death clearly and legibly. Correct age is especially important.

G74039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74039

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas L. Roche

2. DATE OF DEATH: 5/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 3629 Kimble Rd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3629 Kimble Rd.
c. Length of stay in Baltimore: Yrs. 76 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 9 - 3
D STREET ADDRESS (If rural, give location): 3629 Kimble Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	W	Married	Jan. 12, 1873	76	4 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Restaurant keeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dennis Roche
14. MOTHER'S MAIDEN NAME: Catherine Hellcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary thrombosis	24 hrs.
DUE TO (B)	generalized arteriosclerosis	unknown.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	essential hypertension	8 years.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
none	none	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
none	none	none

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
none m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	none

22. *I hereby certify that I attended the deceased from* November, 1941, *to* May 2, 1949, *that I last saw the deceased alive on* May 2, 1949, *and that death occurred at* 3.50 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
W. C. Finnigan M.D.	31 E North Ave	May 3 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/5/49	New Cathedral	Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Huntington Williams, M.D.	Elmer W. Conklin	

VS 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Please write the cause of death clearly and legibly. Physician, please write correct age is especially important.

CERTIFICATE CORRECTED 5-3-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74050

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah M. Wolf

2. DATE OF DEATH 5/3/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. MD.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1712 Carswell St

C. Length of stay in Baltimore: Yrs. 24 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto. MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1712 Carswell St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Single	Dec. 13. 1924	24	4 22	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank J. Wolf
14. MOTHER'S MAIDEN NAME Mary G. French
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO
17. INFORMANT Frank Wolf ADDRESS

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly, write the cause of death clearly and legibly. Physician: please write correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Tuberculous pneumonia.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4/3/49 to 5/3/49

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3/49, 19__, *to* 5/3, 1949, *that I last saw the deceased alive on* 5/2, 1949, *and that death occurred at* 4:a m., *from the causes and on the date stated above.*

23A. SIGNATURE Frank J. Wolf, M. D.
23B. ADDRESS 3047 N Carswell St.
23C. DATE SIGNED 5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/6/49
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Belair Rd Md.
25. FUNERAL DIRECTOR Edward W Cullen ADDRESS 924 E Eager St

DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1949
REGISTRAR'S SIGNATURE Twilington Williams, M.D.

VS 150

13B

G74051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74051

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Frank Cherry

2. DATE OF DEATH: 4-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen'l. Hosp

c. Length of stay in Baltimore: 20 yrs (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 22 02
D STREET ADDRESS (If rural, give location): 849 China Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 24, 1898
9. AGE (In years last birthday): 50 (If under 1 year: Months 4, Days 5; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salvors, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A Cherry

14. MOTHER'S MAIDEN NAME: Jennie Batts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO: 217-07-3165

17. INFORMANT: Mary Cherry — ADDRESS: 621 b. Fremont ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculous pneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Pulmonary tuberculosis
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29-1949 *to* 4-29-1949, *that I last saw the deceased alive on* 4-29-1949, *and that death occurred at* 8 00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: William T. Hearn, M.D.
23B ADDRESS: 1213 S. Light St.
23C DATE SIGNED: 4-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/5/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 - 1949
REGISTRAR'S SIGNATURE: Hunt Clayton Williams M.D.
25. FUNERAL DIRECTOR: Chas. H. Harper — ADDRESS: 512 Cansellton ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

13B

G740 42 J.J. 128623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G740 42 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frances Whiten

2. DATE OF DEATH: May 1- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1312 Argyle Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Negro	Single	Dec. 12 1903	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME: ?

14 MOTHER'S MAIDEN NAME: Mary Oxford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS
		B .C.H Records 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

DUE TO

(B) Arteriolar Nephrosclerosis

DUE TO

(C) Peptic Ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 29- *, 1949, to* May 1- *, 1949, that I last saw the deceased alive on* May 1 -1949 *, and that death occurred at* 7.15P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. S. Rogers M. D.	B.C.H. 4940 Eastern Ave.	5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 2, 1949	Hope Hill	Frederick, Md

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 4 DEC 1949	Huntington Williams, M.D.	A. Hart Etchison & Son	106 E 131a Frederick, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as is especially important. Physician, please write the cause of death clearly and legibly.

G74043 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74043

1. NAME OF DECEASED (Type or Print): George Mellon Roberts

2. DATE OF DEATH: May 1, 1947

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 507 N. Central Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M,	C		Aug. 6, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender		Royall Oak-Md.	Yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bradford Roberts	Carolina Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	World War I	219017023	Harriet E. Gibson,	Royall Oak, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute pulmonary edema.
DUE TO
(B)
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D		May 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May-6-49	Baltimore National	Balto, Md.

DATE RECEIVED LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 1949	Huntington Williams, M.D.	Holland Funeral Home	1631-Druid Hill Ave.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74

G74044

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Emma Patterson

2. DATE OF DEATH: 5/1/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 711 N Fremont Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 711 N. Fremont Ave. 17 03

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Col.	Widowed	5/10/1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Rixson Bowen

14. MOTHER'S MAIDEN NAME: Ella Chew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Florence West	711 N. Fremont Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of uterus — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinomatosis — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-15, 1948 *to* 5-1, 1949 *that I last saw the deceased alive on* 5-1, 1949, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Franklin Shulyes M.D.	1543 Penna Ave.	5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/5/1949	Arbutus Mem. Park	Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Huntington Williams, M.D.	Elroy O. Wilson	1000 Brantly Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to age is especially important. Physician: please write the cause of death clearly and fully.

48R

G740:5

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G740:5

1. NAME OF DECEASED (Type or Print) Charles M. Rimmerle

2. DATE OF DEATH 5-2-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 2420 E. Oliver St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2420 E. Oliver St 803

5. SEX Male | 6. COLOR or RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug-20-1895

9. AGE (In years last birthday) 53 | If Under 1 Year: Months 8 Days 2 | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter

10B. KIND OF BUSINESS OR INDUSTRY Kendall Shirt Co.

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Rimmerle

14. MOTHER'S MAIDEN NAME Emma Atwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 218-01-9109

17. INFORMANT Helene E. Rimmerle — ADDRESS 2420 E Oliver

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemorrhage — Interval between onset and death: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST — DUE TO

(C) Hypertension, cerebrovascular-renal — 3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 2 Feb 1946 *to* 2 May 1949, *that I last saw the deceased alive on* 2 May 1949, *and that death occurred at* 5:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS 1513 N. Milton Ave | 23C. DATE SIGNED 5 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5-5-49 | 24C. NAME OF CEMETERY OR CREMATORY Oakland Cem. | 24D. LOCATION (City, town, or county) Eastern Ave - Balto. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 4-1949 | REGISTRAR'S SIGNATURE [signature] | 25. FUNERAL DIRECTOR John R. Melly Inc. | ADDRESS 2415 E Oliver St

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete. Do not use abbreviations. If any item is unknown, state so. Do not write the cause of death clearly and legibly. Physician: please write in full the cause of death, using only such terms as are generally accepted by the medical profession. Omit words not essential to a description of the disease. Be sure that the cause of death is specific and important.

131a

G74046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74046

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret Kirsch

2. DATE OF DEATH: May 2,1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1907 Orleans St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1907 Orleans

c. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 31
D. STREET ADDRESS (If rural, give location): 1907 Orleans St 6-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Jan.3,1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HW	----	Balto. Md.	

13. FATHER'S NAME: Geo. Sandler

14. MOTHER'S MAIDEN NAME: Gertrude---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
--	----	----	Chas. Kirsch	1907 Orleans St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility 16 yrs

DUE TO

(B) Myocarditis 93 E

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: appros 16 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st, 19 49, to May 2nd, 19 49, *that I last saw the deceased alive on* May 2nd, 19 49, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 1714 Fayette St

23C. DATE SIGNED: May 3rd 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 5,1949

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4 - 1949

REGISTRAR'S SIGNATURE: [signature] for Williams, M.D.

25. FUNERAL DIRECTOR: Philip Henry Sons

ADDRESS: 2024 Orleans St

VS 150

93E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

E880.9 N961.0

G74047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74047

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wallace Lawrence

2. DATE OF DEATH: MAY - 3 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY:

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-4

D. STREET ADDRESS (If rural, give location): 138 N. Washington St

c. Length of stay in Baltimore: 20 yrs (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Divorced	1910	39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Orderly	Johns Hopkins Hosp	Va	

13. FATHER'S NAME: Wesley Lawrence

14. MOTHER'S MAIDEN NAME: Hallie White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
—	—	JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Methyl alcohol poisoning

Acute alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) DUE TO

(C)

CERTIFICATION APPROVED BY
W. J. McCafferty, M.D.
For: Wm. G. Helfrich M. D.
CHIEF OR ASST. MEDICAL EXAMINER

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-3- 1949 *to* 5-3- 1949, *that I last saw the deceased alive on* 5-3- 1949, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William W. Winternitz M. D.	JOHNS HOPKINS HOSPITAL	5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 6/49	Baltimore Comm	Baltimore

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 1949	Huntington Williams, M.D.	Philip Harris & Sons	Oakland St

VS 150

77c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct age is especially important.

G74048 BALTIMORE CITY HEALTH DEPARTMENT G74048

CERTIFICATE OF DEATH

BIRTH NO. Registered No. 153

1. NAME OF DECEASED (Type or Print): Sophie Agnes Kleese

2. DATE OF DEATH: 5/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1804 Bolton Street
C. Length of stay in Baltimore: About 73 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY 1804 Bolton Street
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 1804 Bolton Street 14 01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: --
9. AGE (In years last birthday): About 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kleese
14. MOTHER'S MAIDEN NAME: Mary Groh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Miss Adelaide Jenkins ADDRESS: 1804 Bolton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Colon
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19 49 *to* May 19 49, *that I last saw the deceased alive on* May 2 19 49, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: William G Kelbrick M. D.
23B. ADDRESS: 5006 Roland Av - 10
23C. DATE SIGNED: 5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/6/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGI[illegible]
25. FUNERAL DIRECTOR: H. C. Weaks and Son ADDRESS: N. Eutaw St

MAY 4 1949

46E

Please write the cause of death clearly and correct age is especially important. Physician:

G74049 ✓ G74049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 4-14 Registered No.

1. NAME OF DECEASED (Type or Print) LOTTIE IDA WELSH

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1415 Darley Avenue
c. Length of stay in Baltimore 6mo (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1415 Darley Avenue 6 0 5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
F	W	Widow	Oct. 29 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	USA

13. FATHER'S NAME Thomas Lagg

14. MOTHER'S MAIDEN NAME Louise McKnight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no	none	Mr. Lenuel Davis- 1415 Darley Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Parenchymatous Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

(B) Chronic Valvular Endocarditis — 2 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
none	-	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Feb. 1st, 1949, to May 2nd, 1949, *that I last saw the deceased alive on* May 1st, 1949, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Kordy M.D.	5106 Harford Road	May 2nd 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5/4/49	Baltimore Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 4 - 1949	Twilington Williams M.D.	HENRY SANDER & SONS, INC.

MD 156

BALTIMORE - 13, Maryland 1313

Please write the cause of death clearly and correct age in especially important. Physician: please write

G74050 ✓ G74050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William McElroy Sr.

2. DATE OF DEATH: May 3rd., 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1329 Crofton Road
c. Length of stay in Baltimore: 29 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1329 Crofton Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7th. 1883
9. AGE (In years last birthday): 66 (If under 1 year: Months 3, Days 26; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William McElroy
14. MOTHER'S MAIDEN NAME: Anna Schivlea
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 215-09-7662
17. INFORMANT: James P. McElroy, ADDRESS: 1329 Crofton Rd. Balto: Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) uremia
DUE TO
(B)
DUE TO
(C) arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949 *to* May 3, 1949 *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 1.30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jack J. Singer, M. D.
23B ADDRESS: 506 E North Ave
23C DATE SIGNED: 5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-7-49
24C NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D LOCATION (City, town, or county) (State): Belair Rd. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: 1735 Harford Avenue

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the cause of death clearly and legibly. Physician: please write in all items carefully; correct age is especially important.

G74051 ✓ X 44 G74051

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Charles E. Grimes

2. DATE OF DEATH: 5-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2911 Illinois Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	July 21 1898	50	9	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Western Electric	Baltimore Md.	USA

13. FATHER'S NAME: George E. Grimes

14. MOTHER'S MAIDEN NAME: Margaret M. Grill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	216-01-9299	Hospital chart	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Uremia	7+
DUE TO			
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Hypertension	?
DUE TO			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-25 1949 to 5-2 1949, *that I last saw the deceased alive on* 5-2, 1949, *and that death occurred at* 1:40 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Univ Hosp.	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 1949	Meadowridge	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	[signature]	Mrs. Mrs. John W. Penfield Son	5311 Edmondson Ave

102

G74052 ✓ G74052

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45

Registered No.

1. NAME OF DECEASED (Type or Print): Vincent Seino

2. DATE OF DEATH: May 2 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pencoast Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3303 Edmondson Ave 2009

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	White	single	July 6 - 188[illegible]	67	9 / 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
general worker		Cefalu Italy	

13. FATHER'S NAME: Carmelo Seino

14. MOTHER'S MAIDEN NAME: Rosaria [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Samuel Seino 033 S. Wolfe St

MEDICAL CERTIFICATION

(Please write the cause of death clearly and legibly. Physician please write especially important. Present age is especially important.)

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis — (Interval between onset and death): many years

DUE TO

(B) Senility — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Terminal bronchopneumonia — 3 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 16, 1949, *to* May 2, 1949, *that I last saw the deceased alive on* April 30, 1949, *and that death occurred at* 2.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Melvin N. Borden M. D.	2030 W. Fayette St	5/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5 - 1949	New Cathedral Cem.	Old Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
	[illegible]	Joseph Fawcett Inc. 2013 Greenmount Ave

VS 150

97

G740.53

JL- 128321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

581 / G740.53

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Earl Bundy

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1711 McCulloh St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Married	March 17, 1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: William

14. MOTHER'S MAIDEN NAME: Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		B. C. H. Record,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Alcoholic Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 17, 1949 *to* May 4, 1949 *that I last saw the deceased alive on* May 4, 1949 *and that death occurred at* 2.05 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Rogers M. D.	4940 Eastern Ave.	5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	May 7 '49	Mt Calvary Cem	A A County	Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
MAY 4 1949	Huntington Williams M.D.	Mrs Dott & Elliott Esqr	1124 N. Carey St	

HS 150

124a

G740.54 G740.54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) James Frank Ferguson

2. DATE OF DEATH 3 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1608 N. Chapel St.
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1608 North Chapel St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	June 17-1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Baltimore, Md.	

13. FATHER'S NAME John Ferguson

14. MOTHER'S MAIDEN NAME Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Edmund Ferguson - 4415 Furley Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherioscleorotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D		3 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/6/49	Parkwood	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Curtis Williams, M.D.	Leonard J. Luck - 5305	Raynor Ave.

VS 151

931

G740:5 Elwood. 3 3 G740:55

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Ernest Ray Sutton

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2935 Preston Street 15-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
male	white	married	June 10, 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Estimator	J. H. Williams Co.	Pennsylvania (New Columbus)	

13. FATHER'S NAME: C. Bart Sutton
14. MOTHER'S MAIDEN NAME: Alice Bogart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Union Memorial Hospital records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Thrombosis	4 days
DUE TO		
ANTECEDENT CAUSES. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Cerebral arteriosclerosis	? years
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 4, 1949, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 1:05 Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John R. Board, Jr. M. D.	Union Memorial Hosp. Balto. Md	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	5/7/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4 - 1949	Clayton Williams M.D.	Wm. J. Pickens & Sons	831 Balto Md

VS 150

Please write clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G740:56

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Yr. 1 Registered No. G240:56

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alphonsus Wiederspahn

2. DATE OF DEATH: May 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY: 2-01
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 117 S. Chapel St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 30, 1808
9. AGE (In years last birthday): 79 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Wiederspahn
14. MOTHER'S MAIDEN NAME: Regina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 218-07-1850
17. INFORMANT: Margaret Colburn, 3037 [illegible] ADDRESS: Natural

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: May 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 5, 1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): 4300 Belair Rd., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5-4-49 5/4/49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Dippe. Bros. ADDRESS: 1200 E. Lombard St.

VS 151

93D

G740:57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

593 G740:57

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Emma Violetta Ring

2 DATE OF DEATH May 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland. B COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1113 Pine Heights Avenue

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1113 Pine Heights Avenue

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Single	March 7 1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
House wife	Home	Maryland	U. S. A.

13. FATHER'S NAME John W. Ring

14 MOTHER'S MAIDEN NAME Elizabeth King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS
		Suzy Ring - 6221 Aubutus Avenue Balto 27 Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 years.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
none	none.	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
none.	none	none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
none m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐ none	none.

22. *I hereby certify that I attended the deceased from* 3/29 1949 *to* 5/4 1949 *that I last saw the deceased alive on* 5/4 1949 *and that death occurred at* 12:25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Ramona Miller M.D. M. D.	2030 Wilkens Avenue	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-7-49	London Pk	Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 4	Huntington Williams, M.D.	Edward Jonson	2309 Orrash Blvd Balto 24

132

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Exact age is especially important.

G740.58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

610

G740.58

BIRTH NO. B-49-06263 Registered No.

1. NAME OF DECEASED (Type or Print): Baby of Eloise Green

2. DATE OF DEATH: 3/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19 21
D. STREET ADDRESS (If rural, give location): 1632 W Mulberry St

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Fe	N	Single	3/16/49		1	12 11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N'Born infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philmore Green

14. MOTHER'S MAIDEN NAME: Eloise Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Eloise Green ADDRESS: 1632 W Mulberry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Internal Hemorrhage
DUE TO
(B) Breech Presentation
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 16, 1949 to Mar 18, 1949 that I last saw the deceased alive on Mar 18, 1949 and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Ralph W. Pickney M. D.

23B. ADDRESS: 426 N Gilmor St

23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL: MAY 4 1949

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: Returned by Hospital

24D. LOCATION (City, town, or county) (State): Returned by Hospital

DATE RECEIVED BY LOCAL REGISTRAR: MAY 4-1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: ADDRESS:

VS 150

160c

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

B.C.H. 49-08207

G740.9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Larry Edward Spencer Mullins

2. DATE OF DEATH 4/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore Yrs. Mos. 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1720 Wilmer Ct 14 or

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	N	Single	4/24/44		1	20 / 19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Mullins

14. MOTHER'S MAIDEN NAME Ada Virginia Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mother ADDRESS 1720 Wilmer ct

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Atelectasis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1949 *to* April 26, 1949 *that I last saw the deceased alive on* April 26, 1949, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE John E. L. Cooper M. D.

23B. ADDRESS 639 N. Carey St

23C. DATE SIGNED 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Returned by Hospital

24D. LOCATION (City, town, or county) (State) Returned by Hosp

DATE RECEIVED BY LOCAL REGISTRAR MAY 4 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

1612

Please write the cause of death clearly and legibly. Be sure age is especially important. Physician: please write

G74060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-02503 — Registered No. G74060

1. NAME OF DECEASED (Type or Print): Baby Williams

2. DATE OF DEATH: 2-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

C. Length of stay in Baltimore: 9 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Towson
D. STREET ADDRESS (If rural, give location): 423 E. Pennsylvania Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro		2-7-49			21 / 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Newborn		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Levering Williams	Helen Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	None	Mrs. Helen Williams	423 E. Penna. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cong. Emphysematous Cysts of Lungs
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Maternal Hx Mucinuria
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-7- 1949 *to* 2-8 1949 *that I last saw the deceased alive on* 2-8 1949 *and that death occurred at* 12 15 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Herbert L. Sinclair M. D.	Provident Hosp	2/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
MAY 4-1949		Returned by Hospital	Returned by Hospital

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 4-1949	Huntington Williams, MD		

VS 150

161c

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74061

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74061

1. NAME OF DECEASED (Type or Print): HILDA E. GORMLEY

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1826 N. Chester St
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1826 N. Chester St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	August 30, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME: Joseph Schindler

14. MOTHER'S MAIDEN NAME: Louisa Apple

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Harry B. Gormley	1826 N. Chester St.

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO
(B) Hypertension — 6 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2.10, 1942 *to* 5/2, 1949 *that I last saw the deceased alive on* 4/28, 1949 *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Hess, M. D.	1927 E. North Ave	5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/6/49	Western	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Huntington Williams, M.D.	William Cook, Inc.	

VS 150

94a

G740662 Copy this ✓ X 774 770.5 G740662

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. BC.49-08333 **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Wade (498544)

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital

c. Length of stay in Baltimore: 7 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lutherville
D. STREET ADDRESS (If rural, give location): Railroad

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Negro	Single	April 25, 1949			20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Williams
14. MOTHER'S MAIDEN NAME: Betty Wade
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Betty Wade ADDRESS: Railroad Ave. Lutherville, Md. Balto. Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) anuria DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) pneumaturia DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1949, *to* April 25, 1949 *that I last saw the deceased alive on* April 25, 1949, *and that death occurred at* 9:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Glen B. Rice M. D.
23B. ADDRESS: 601 North Broadway
23C. DATE SIGNED: 4-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

159

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G74063 BALTIMORE CITY HEALTH DEPARTMENT G74063

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Baby "Girl" Coates

2. DATE OF DEATH: APR 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
D. STREET ADDRESS (If rural, give location): Camp Parole

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored		4-21-49			7		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: George Coates

14. MOTHER'S MAIDEN NAME: Margaret Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Miliary Atelectasis
DUE TO
(B) Prematurity
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-21 1949 *to* 4-28- 1949, *that I last saw the deceased alive on* 4-28 1949, *and that death occurred at* 5:10 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Fulton Mortimer Jr. M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hosp Disposal	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Huntington Williams		

VS 150

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Hospital Disposal

74064 BIRTH NO. B.C. 49-09066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

716

G74064 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Calkins

2. DATE OF DEATH: April 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Hosp Premises

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-5
D. STREET ADDRESS (If rural, give location): 502 N Washington St

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Female	White		4-24-49			10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: Dr. Evan Calkins

14. MOTHER'S MAIDEN NAME: Virginia Brady

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Premature birth
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (I.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-29-, 1949 *to* 4-30-, 1949, *that I last saw the deceased alive on* 4-30-, 1949, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Ryan, M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hosp Disposal	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 1949	Huntington Williams, M.D.		

VS 150

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G74065
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74065
Registered No.

1. NAME OF DECEASED (Type or Print) CLARENCE WILLIAM KESSEL	2. DATE OF DEATH May 4, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St. c. Length of stay in Baltimore 2 days (Yrs. Mos. Days)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A STATE Michigan B COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Port Huron D. STREET ADDRESS (If rural, give location) 837 Oak St.
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/1/87
9. AGE (In years last birthday) 62	If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10B. KIND OF BUSINESS OR INDUSTRY Seafarer
11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm. Kessel	14. MOTHER S MAIDEN NAME Matelds Eberly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO 379-12-3979
17. INFORMANT Records- US Marine Hospital, Balto, Md.	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Infarction of myocardium	Unknown
ANTECEDENT CAUSES	DUE TO Arteriosclerotic coronary thrombosis	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 19 49 *to* May 4, 19 49 *that I last saw the deceased alive on* May 4, 19 49, *and that death occurred at* 9:15A m., *from the causes and on the date stated above.*

23A. SIGNATURE Elliott N. Simons M. D.	23B ADDRESS US Marine Hospital, Balto, Md.	23C DATE SIGNED 5/4/49
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/5/49	24C NAME OF CEMETERY OR CREMATORY
		24D LOCATION (City, town, or county) (State) Port Huron Michigan
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Philip Henry Sons ADDRESS 2524 Orleans, St.

VS 150

94a

AB-819

G74066

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74066

1. NAME OF DECEASED (Type or Print): Fred Ellis or Fred Willis

2. DATE OF DEATH: 4-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 431 Druid Hill Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Negro	Single	April 11-1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME: James Willis

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Records / Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 12-29- , 19 27 *to* 4-28- , 19 49 *that I last saw the deceased alive on* 4-28- , 19 49 *and that death occurred at* 1.20Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	4940 Eastern Ave. Baltimore City Hospitals	5-4-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/5/49	Cathedral	Old Bonnie Brook

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5-1949	Huntington Williams, MD	J. J. Fahey Sons	1318 Light

VS 150

130

G7406.7
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

971.6 G7406.7
Registered No.

1. NAME OF DECEASED (Type or Print): ELMER H. ENOS N-967.0
2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flohrville
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Sept. 9, 1899	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morgan Enos	Carrie Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Landys M. Enos	Flohrville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arsenic Poisoning
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Flohrville, Maryland
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 3, 1949 ? p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Ingestion of Paris Green

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. Mc Clafferty M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-49	Freedom	Carroll Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Huntington Williams, M.D.	HARRY WEER	Sykesville, Md.

VS 151

16-2a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74068

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74068

Registered No.

1. NAME OF DECEASED (Type or Print): Charles J. Scherer

2. DATE OF DEATH: May 1 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1205 N. Eden St.

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1205 N. Eden St 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C.	Widower	August 17 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Balto. Md	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	none	Alice Cole	1129 N. Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: several yrs

DUE TO

(B) arterio-sclerotic cardiac disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 4/26 1949 to 5/1 1949 that I last saw the deceased alive on 5/1 1949, and that death occurred at 6 p m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature]	RAYNER BROWNE, M. D. 1500 EAST MADISON ST. BALTIMORE 5, MD.	5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 6/49	Mt Calvary Cem	Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	[signature] Huntington Williams, M.D.	McDevitt & Elliott & Dugan	930 1129 N. Eden St.

VS 150

G74069

JL-128389

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53.1 G74069

Registered No.

1. NAME OF DECEASED (Type or Print): Clifton Jones

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1032 N. Stricker St 16-2

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 26, 1928
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Jones
14. MOTHER'S MAIDEN NAME: Maggie Layton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Cerebral Defect of undetermined type
DUE TO
(B) Cerebral Anoxia
DUE TO
(C) Laryngospasm

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypersensitivity (work to accident)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949 *to* May 4, 1949 *that I last saw the deceased alive on* 5-4-49, 19___, *and that death occurred at* 12.27A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/7/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 [illegible]
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Geo. C. Kelson 1303 Presstman St, ADDRESS

VS 150

Not To Be Approved By Chief Medical Examiner (Date)

157D

G740.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 9-4-0

G240.0

BIRTH NO. B.C.49-05-184 Registered No.

1. NAME OF DECEASED (Type or Print): ARTHUR (SAISON) FAISON

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 208 N. Schroeder Street 18-2

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: March 13, 1949
9. AGE (In years last birthday): If Under 1 Year: Months 1, Days 11; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Faison
14. MOTHER'S MAIDEN NAME: Geneva Handey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Geneva Handy ADDRESS: 208 Schroeder Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxiation
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 208 N. Schroeder Street 18/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: May 4, 1949 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Probably bedclothes

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/5/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Chas. G. Cooper ADDRESS: 512 Cancelton Ave

1820

G740.1 G740.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.0

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Belle Demby

2. DATE OF DEATH 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 741 Sara Ann St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 741 Sara Ann St. 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	Col.	Widow	Sept. 15, 1863	85				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Eastern Shore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Harkless

14. MOTHER'S MAIDEN NAME Henrietta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Rosie Cornish ADDRESS 741 Sarah Ann St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 Months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/11 '48 *to* 5/1 '49, *that I last saw the deceased alive on* 5/1 '49, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Cruser M. D.	753 Carroll St	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-5-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 1949	Washington Williams, M.D.	Mrs Katie R. Williams	322 N

VS 150 1949

927

G74072

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 r G74072

Registered No.

1. NAME OF DECEASED (Type or Print): Wilhelmina Margaret Eiberle

2. DATE OF DEATH: May - 4 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hosp. Women Maryland

C. Length of stay in Baltimore: 34 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 23 - 19-4
D. STREET ADDRESS (If rural, give location): 1829 W. Pratt St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May - 3 - 1895
9. AGE (In years last birthday): 54 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Chris Benner

14. MOTHER'S MAIDEN NAME: Annie Braut

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT: Paul Eiberle
ADDRESS: 1829 W. Pratt St Balto - 23 -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic Nephritis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) 2 weeks
(B) ? 30 yrs
(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr - 11 - 1949 *to* May - 4 - 1949 *that I last saw the deceased alive on* May - 4 - 1949 *and that death occurred at* 9 00 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: George H. Lehmann M. D.
23B. ADDRESS: Hosp Women Maryland
23C. DATE SIGNED: V - 5 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 9-1949
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Cem
24D. LOCATION (City, town, or county) (State): G. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR: [illegible]
25. FUNERAL DIRECTOR: Rott & B. M. Walter
ADDRESS: Pratt & Stricklith

VS 150

1310

GM. 128366 G740.73

BIRTH NO G740.73

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 490 G740.73

1. NAME OF DECEASED (Type or Print): John A. Eggling

2. DATE OF DEATH: May 4– 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 111 Scott Street 18-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	White	Single	Sept. 1 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Tending
10B. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Eggling
14. MOTHER'S MAIDEN NAME: ~~Emma~~ MARY Eggling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
16. SOCIAL SECURITY NO. 214-18-3404
17. INFORMANT: Records B. lto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lanennecs Cirrhosis of Liver & Arteriosclerosis — 1-3 Yrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4– 19– , 19 49 *to* 5– 4– , 19 49 *that I last saw the deceased alive on* 5– 4– , 19 49 *and that death occurred at* 6.25 *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. A. Hogen M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5– 4– 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 7-1949
24C. NAME CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: Pott & B. M. Wellers
ADDRESS: Pratt & Stricker

VS 150

108

G740'74

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E916

G740'74

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Emily B. CHIPCHASE 11-949 — 2. DATE OF DEATH: 5-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp.
c. Length of stay in Baltimore: 84 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. — B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18
D. STREET ADDRESS (If rural, give location): Charles & 34th Sts 12-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widowed	12-30-64	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME: George Lamb

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Mr. James Chipchase	Del Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Burns, Head + 2nd degree
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 5 days

CERTIFICATION APPROVED BY
for: John R. Davis, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	Home	Greenway Ap't. Charles & 34th St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 1, 1949 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Explosion gas stove

22. I hereby certify that I attended the deceased from May 1, 1949 to May 4, 1949 that I last saw the deceased alive on May 1949 and that death occurred at 10.49 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dorton E. Clemens M. D.	Union Memorial Hosp	May 4

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-49	St. Johns Cemetery	York Rd + Old York Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Twittington Williams, M.D.	John O. Mitchell Sons	1900 Eutaw Pl.

VS 150

181

6740.5

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 90 x 7

6740.5

Registered No.

1. NAME OF DECEASED (Type or Print): BENJAMIN L. BIRD — N-808

2. DATE OF DEATH: May 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 816 Bellemore Road — 27-13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	married	June 15 1905	44				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Food Broker		Balto. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aubrey Bird	Lucy L. Souder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Ralph Hutchins	Tuscany Apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
(A)	Crushed chest	
DUE TO		
(B)	Fracture of pelvis	
(C)	Fracture of left leg	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

I II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	hospital	Union Memorial Hospital—33rd & Calvert

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 3, 1949 8:35 A.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Fell from third story window

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Emil L. Rose M.D.		5-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 5/49	Woodlawn Cem	Gwynn oak ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Registrar for Williams, M.D.	John O. Mitchell Sons	1900 Eutaw Pl

VS 151

186a

G740.76

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G740.76

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph D. Sondheim

2. DATE OF DEATH 4 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3212 Vickers Road
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location) 3212 Vickers Road 15-37

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (DOA) Union Memorial Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Married	Nov. 9. 1903	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Funeral Director	Baltimore Md	U. S.

13. FATHER'S NAME David Sondheim

14. MOTHER'S MAIDEN NAME Amelia Stern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			David Sondheim	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Hamman Jr. M.D.		4 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May. 6-49	Balto. Hebrew Cem	Bel Air Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Huntington Williams, M.D.	John O. Mitchell Sons	1900 Eastern Ave

VS 151

94a

G740.7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 61 Registered No.

G740.7

1. NAME OF DECEASED (Type or Print) MR. George P. Costello

2. DATE OF DEATH 5/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23 Md.
D. STREET ADDRESS (If rural, give location) 1610 Hollins ST. 19-4

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W		4-14-1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
PHARMACIST		Balto.	

13. FATHER'S NAME Patrick Costello

14 MOTHER'S MAIDEN NAME Agnes Lafferty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	215-18-1201	Mrs. G.P. Costello.	1610 Hollins St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of larynx c metastasis (generalized)
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Chronic heart failure c arteriosclerotic C-V-D.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/16/49 *1949, to* 5/4 *, 1949, that I last saw the deceased alive on* 5/3 *, 1949, and that death occurred at* 11:40 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Womack M. D.	Bon Secours Hosp.	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-49	New Cathedral	Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 1949	Huntington Williams M.D.	Thos. J. Kenny Inc	1600 Hollins St

VS 150

47a

G740.8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 44747

G740.8

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Roxie Mae Clements

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2733 Booker Drive

c. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-32
D. STREET ADDRESS (If rural, give location): 2733 Booker Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C	S	July 12, 1924	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Durham N.C.	

13. FATHER'S NAME: George Clements

14. MOTHER'S MAIDEN NAME: Sarah Durham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Ethel Dunlop	2733 Booker D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Leukemia (Diag. J.H.H.)
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1949 *to* May 5, 1949 *that I last saw the deceased alive on* May 5, 1949 *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Reynold B. Lightner M.D.	501 Cherry Hill Road	5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-8-49	Mt Vernon cem	Granville Co. N.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5-1949	Huntington Williams M.D.	Elroy O. Wilson	1000 Brentz ave

VS 150

74a

G740.79
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 146

G740.79
Registered No.

1. NAME OF DECEASED (Type or Print): Charles Cummings

2. DATE OF DEATH: MAY 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-5-22
D. STREET ADDRESS (If rural, give location): 427 Gwale Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Married	5-25-1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N. C.	

13. FATHER'S NAME: Charles Cummings

14. MOTHER'S MAIDEN NAME: Griseda Crenshaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	218-12-3729		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignant nephrosclerosis — DUE TO —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO —

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: about 7 wks.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-3- 1949 *to* 5-4- 1949 *that I last saw the deceased alive on* 5-4 1949 *and that death occurred at* 4:00 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bertram E. Sprague M. D.	JOHNS HOPKINS HOSPITAL	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	May 7, 1949	Mt. Calvary	Anne Arundel County Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 - 1949	Huntington Williams, M.D.	Robert L. Young	1216 E. Caroline St.

VS 150

1216

G74060

446

G74060

CM. 128717

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Louis Brown

2. DATE OF DEATH: May 3- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 20 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-2
D. STREET ADDRESS (If rural, give location): 1215 E. Madison St Z #3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Negro	Widowed	Aug. 15 1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Brown
14. MOTHER'S MAIDEN NAME: Mary Jane Belt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 212-03-7309

17. INFORMANT: Records B.C.H. ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable Uremia

DUE TO

Arteriosclerosis Kidney Disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

CERTIFICATION APPROVED BY
for C.J. Lubin M.D.
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 3- , 19 49 *to* 5- 3- , 19 49 *that I last saw the deceased alive on* 5- 3- , 19 49 *and that death occurred at* 7.45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5-4- 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/8/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Anne Arundel County Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Robert L. Young
ADDRESS: 1216 E. Caroline St

VS 150

To Be Approved By Chief Medical Examiner

131a

1891-57 V

G74081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

490 Registered No. 24747

G74081

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Julius Douglas

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 21 South Bond St.

C. Length of stay in Baltimore 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 21 South Bond St 3-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
M	C	W	Aug. 31, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bennettsville S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sip Douglas

14. MOTHER'S MAIDEN NAME Albury McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Jefferson Douglas ADDRESS 21 S. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Reuold B Lightsey M.D.

23B. ADDRESS 701 Cherry Hill Road

23C. DATE SIGNED 5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5-5-49

24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem

24D. LOCATION (City, Town, or County) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1949

REGISTRAR'S SIGNATURE Tunstall Williams M.D.

25. FUNERAL DIRECTOR Elroy D. Wilson ADDRESS 1000 Brantly Ave

MAY 5 1949 150

108

CERTIFICATE CORRECTED 6-9-49

G74082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74082 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM Joseph STOCKSDALE

2. DATE OF DEATH: May 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-6
D. STREET ADDRESS (If rural, give location): 2101 Woodbourne Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W		June 5, 1892	56 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Self	Baltimore, Md.	

13. FATHER'S NAME: Samuel T. Stocksdale

14. MOTHER'S MAIDEN NAME: - Millholland Mary Francis Wade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-			Mrs. Wylma Stocksdale	2101 Woodbourne Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

(B) Hypertension Acute Myocardial Insuf

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/27, 1949 *to* 5/4, 1949 *that I last saw the deceased alive on* 5/4, 1949, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bobby L. Lowe M. D.	Franklin Square Hosp.	5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/7/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 5 1949	[illegible]	WM. J. TICKNER & SONS	Balto., Md.

93D

G74083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74083 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ned Evans

2. DATE OF DEATH: 5-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 839 W. Fayette St.
C. Length of stay in Baltimore: 2 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 839 W. Fayette St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1870
9. AGE (In years last birthday): 78 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Halifax N. C.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Agnes ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Retha Evans-839 W. Fayette St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO
(B) Hypertension

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/27 19 49 *to* 5/4 19 49 *that I last saw the deceased alive on* 5/3 19 49 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 213 George St
23C. DATE SIGNED: 5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 5-5-49
24C. NAME OF CEMETERY OR CREMATORY: Mary's Chapel
24D. LOCATION (City, town, or county) (State): Scotland Neck N.C.
DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR'S SIGNATURE: Tuntington Williams, MD
25. FUNERAL DIRECTOR: Samuel W. Sullivan, Jr. ADDRESS: 1511 Arlington Ave

VS 150

83a

G74084 H5 G74084

BALTIMORE CITY HEALTH DEPARTMENT H6 Registered No.

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John G. Ward
2. DATE OF DEATH: May 4, 1949.
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3517 Gelston Drive
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 3517 Gelston Drive
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 20, 1895 — 54
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Mail Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U. S. P. Office
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME: John Thomas Ward
14. MOTHER'S MAIDEN NAME: Emma Sybelart ✓
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT (Name): Mrs. Emma L. Ward ADDRESS: 3517 Gelston Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH: 35 YRS

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic Fever — 35 YRS over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1945, to 5/4/49, 19__, *that I last saw the deceased alive on* 5/3, 1949, *and that death occurred at* 10 45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Carl Roach M. D.
23B. ADDRESS: 3629 Edmondson
23C. DATE SIGNED: 5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 6/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Pk. —
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Mikkelsen ADDRESS: 4101 Edmondson Ave

VS 150

93c

74085 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 G74085

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Hugh John Evans

2. DATE OF DEATH May 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days: 14 days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delta
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	Nov. 16, 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Typesetter Hours
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Evan W. Evans
14. MOTHER'S MAIDEN NAME: Mary Anne Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Union Memorial Hospital ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days
DUE TO
(B) Hypertension + arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1949, *to* May 6, 1949, *that I last saw the deceased alive on* May 5, 1949, *and that death occurred at* 12:22 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Smith Jr M. D.
23B. ADDRESS: Union Memorial Hosp Balto. Md
23C. DATE SIGNED: 5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 10 49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. B. Harbaugh ADDRESS: Delta Pa

VS 150

832a

G74086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74086 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Russell Thompson

2. DATE OF DEATH: MAY 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): 1216 N. North Ave

D. STREET ADDRESS (If rural, give location): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: 2-29-41

9. AGE (In years last birthday): 8 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred J. Lange

14. MOTHER'S MAIDEN NAME: Myrtle Sims

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: JOHNS HOPKINS ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Aug~~ Leukemia — Interval between onset and death: 9 mos.

DUE TO

(B) myocardial failure — 48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION:

20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3-17 1949 *to* 5-4 1949 *that I last saw the deceased alive on* 5-4 1949, *and that death occurred at* 1 00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B ADDRESS:

23C DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/7/49.

24C NAME OF CEMETERY OR CREMATORY: St. Peters

24D LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 1949

REGISTRAR'S SIGNATURE: [signature]

25 FUNERAL DIRECTOR ADDRESS: [illegible]

VS 150

74a

G74087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181 Registered No. G74087

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rubin E. Smith

2. DATE OF DEATH May 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Govans
D. STREET ADDRESS (If rural, give location) 1 Plinlimmon Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	2-9-85	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister		W. Va.	

13. FATHER'S NAME David Smith

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-03-9684

17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Carcinomatosis
DUE TO
(C) Bladder Tumor

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21, 1949 *to* 5-4, 1949, *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert A. Kelley, M. D.	JOHNS HOPKINS HOSPITAL	5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/6/49	Mount Olivet Cem.	Frederick Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	[illegible]	[illegible]

VS 150

512

G74038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5610

G74038

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Props

2. DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 509 Otterbein St. 21-01

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Unknown — AGE (In Years) 50 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.: Unknown

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Props
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Geo. Props — ADDRESS: 714 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction
DUE TO
(B) Strangulated inguinal hernia,
DUE TO
(C) left

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp & Inq. *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: W. J. McClafferty, M.D.
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: May 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/6/49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Balto, Md.

DATE RECEIVED LOCAL REGISTRAR: MAY 5 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] & Son, Inc. — ADDRESS: 27 St. Paul St.

VS 151

122a

GN. 127582

74089

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

447

G74089 Registered No.

1. NAME OF DECEASED (Type or Print): Cleo Jones Or Cleo Johnson

2. DATE OF DEATH: May 3- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 13 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1432 N. Broadway Z 13

8 7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	Negro	Seperated	Nov. 20-1920	28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Johnson

14. MOTHER'S MAIDEN NAME: Lily Deloatch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Records — ADDRESS: B.C.H. 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive heart disease XXXXXX — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephrosclerosis — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 16- , 19 49 *to* 5- 3- , 19 49 *that I last saw the deceased alive on* 5- 3- 19 49 *and that death occurred at* 5.08 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. L. Bozeman M. D.

23B. ADDRESS: B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED: 5-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5-7-49

24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem

24D. LOCATION (City, Town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 1949

REGISTRATION [illegible] Millersville, Md.

25. FUNERAL DIRECTOR: Elroy O. Wilson

ADDRESS: 1118 Brantly

VS 150

1310

G74090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74090

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ADELLA CRODDICK

2. DATE OF DEATH: May 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1427 Pennsylvania Avenue 14 o'r

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Widowed		41		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Bessie Caddock 36 [redacted], St, W.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute pulmonary edema
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D.	[X]	5-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-6-49	Catto, Nat. Mem.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 1949	Huntington Williams, M.D	Geo. C. Wilson	111 E [illegible]

VS 151

74089-28026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74091

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mathew Thomas	2. DATE OF DEATH April 16, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
c. Length of stay in Baltimore 45 Yrs.	D. STREET ADDRESS (If rural, give location) 735 Pierce (Pearce) St.
5. SEX Male	6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH March ? 1884
9. AGE (In years last birthday) 65?	If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ga.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charley Thompson	14. MOTHER'S MAIDEN NAME Emma ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT RECORDS*BALTO. CITY HOSPITALS	ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cellulitis Lower Extremities

DUE TO Organism Unknown.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5- 1949 *to* 4-16 1949, *that I last saw the deceased alive on* 4-16 1949 *and that death occurred at* 12:45 m. P *from the causes and on the date stated above.*

23A. SIGNATURE J. L. Rogers M. D.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 5-2-49
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1949	REGISTRAR'S SIGNATURE Washington Williams, M.D.	UNIVERSITY MEDICAL SCHOOL MAY 4 1949 Commissioner of Health
ADDRESS		

VS 150

152

AB-124603
74092

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

177 Registered No. G74092

1. NAME OF DECEASED (Type or Print): Robert Wilson

2. DATE OF DEATH: April 19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 315 Diamond Street

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 4- 1875
9. AGE (In years last birthday): 74 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ned Wilson (D
14. MOTHER'S MAIDEN NAME: Mary ? (D

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-6392
17. INFORMANT: Baltimore City Hospitals Records- 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchpneumonia
DUE TO
(B) Inanition Delibity
DUE TO
(C) Carcinoma of Prostrate Metastasis To Bone

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Ascvd. Mild

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 12-10-1948
19B. MAJOR FINDINGS OF OPERATION: Left orchidectomy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15- , 1948 *to* 4-19- , 1949, *that I last saw the deceased alive on* 4-19- , 1949, *and that death occurred at* 6.50PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 5- 2-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: [illegible] MEDICAL SCHOOL MAY 4 1949
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150 (Rev.)

EIB

74093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150.0

G74093

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Wilbur Fisk Smith

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Cecil Apts.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1123 N. Eutaw St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	August 21, 1866	83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired banker		Philadelphia, Pa.	U. S.

13. FATHER'S NAME: Joseph E. Smith

14. MOTHER'S MAIDEN NAME: Caroline F. Edmondson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Wilbur F. Smith, 2nd - ADDRESS: 149 W. Lanvale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Myocardial failure	1 year
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	arteriosclerosis	5 years
	DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
ns	✓	✓

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
✓ m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	✓

22. *I hereby certify that I attended the deceased from* Jan, 1949 *to* May 4th, 1949, *that I last saw the deceased alive on* May 4th, 1949, *and that death occurred at* 20 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Frederick Lentz, M. D.	Temple Garden Apts.	5 - 5 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/6/59	Greenmount	Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

VS 150

Mahlon B. Mitchell

97

G74094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G74094

1. NAME OF DECEASED (Type or Print): ELLA GRAY

2 DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 Madison Avenue

c. Length of stay in Baltimore: 45 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 908 Park Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Negro	Widowed	June 10, 187[illegible]	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Tapohan, Virginia	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		Jennie Pembrook-908 Park Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Renal Disease
DUE TO
(B) Uterus abnormal - Myoma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* 3-20-, 19[illegible]9, *to* 5/[illegible], 19[illegible]9 *that I last saw the deceased alive on* 5/[illegible] 19[illegible]9, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
M. Calvin M. D	600 Washington Ave	5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/7/49	Mt Auburn Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR / ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	Charles R. Law-802 Madison Ave-1

VS 150

1310

74095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 074095

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES HERMAN TILGHMAN

2 DATE OF DEATH May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1306 Argyle Avenue

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1306 Argyle Avenue

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	Negro	Single	June 1, 1897	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Presser		Baltimore, Md.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
James M. Tilghman	Lucy M. Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No		Chas. E. Tilghman	1306 Argyle Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized Infections Arthritis	1 mos
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Septecemia	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1949 *to* 5-4, 1949 *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[illegible] M. D.	1543 Penna. Ave	5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/6/49	Mt Auburn Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Washington Williams, M.D.	Charles R. Law	802 Madison Ave-1

VS 150

156a

G74096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4400 G74096

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES W. HEISTERMAN

2. DATE OF DEATH: MAY 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2205 ANNAPOLIS ROAD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAD
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2205 ANNAPOLIS ROAD 75-33

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	WIDOWED	JUNE 11, 1878?	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UTILITY MAN	BRAUN FATS	MARYLAND	U.S.A.

13. FATHER'S NAME: CHARLES HEISTERMAN

14. MOTHER'S MAIDEN NAME: Loulla R Hutchison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-09-2361

17. INFORMANT: MRS BARBARA MINM — ADDRESS: 2205 ANNAPOLIS ROAD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) MYOCARDITIS, CHRONIC	APPROX 3 YRS
	DUE TO ARTERIOSCLEROTIC HEART DISEASE	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) ARTERIOSCLEROSIS, GENERALIZED	?
	DUE TO	
	(C)	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 21, 1949 *to* MAY 5, 1949, *that I last saw the deceased alive on* MAY 3, 1949 *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Levi B. Kemick M. D.	2352 ANNAPOLIS AVE	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7th-49	Loudon Pk	Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	[illegible] Williams, MD	Edward Loudon	2357 Gwynn Oak Blvd

VS 150

937

G74097

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

413 Registered No. G74097

1. NAME OF DECEASED (Type or Print): Mrs Bridget M. Berlin.

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Relay.
D. STREET ADDRESS (If rural, give location): 1503 Rolling Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-22-1880
9. AGE (In years last birthday): 68
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Clark.
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Geo. W. Berlin -Husband- ADDRESS: Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12-16 hrs.
DUE TO
(B) Hypertensive CVD — ?
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes mellitus — ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5 1949 to 5/5 1949, that I last saw the deceased alive on 5/5 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Herbert J. Levickas M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-9-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. C. Heiligenbrunn
ADDRESS:

VS 150

61

CERTIFICATE CORRECTED 5-9-49

G74098

G74098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Andrew Murray Myers

2. DATE OF DEATH: May 5-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 42 E. 27th Street 1206

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	married	Jan 8- 1886	63 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Architect	Consolidated Eng. Co.	Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Myers - dec'd	Virginia Flannigain dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
no	218-10-6562	Mr. A. M. Myers, Jr.	6103 Maylane Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain Tumor Deep Seated? 1-2 Mos
DUE TO
(B) Left Frontal or in Corpus Callosum.
DUE TO
(C) Arachnoiditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/19/49.	None in Frontal Arachnoiditis	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/4, 1949, to 5/5, 1949 *that I last saw the deceased alive on* 5/5, 1949, *and that death occurred at* 6:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John J. Tansey M. D.	St Agnes Hosp	5/5/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 7, 1949	Greenmount Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

54a

Lovicki

G74099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74099

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Lovicki

2. DATE OF DEATH May 4, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1331 Hull St

c. Length of stay in Baltimore 44 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1331 Hull St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	Aug 29 1904	44	9 25	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stevedore.		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Lovicki	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes. World War II	215-05-1011	Mrs. Johnny Lovicki	1331 Hull St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Pulmonary tuberculosis, advanced, DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 4 years.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1949, *to* May 4, 1949, *that I last saw the deceased alive on* 5/4, 1949, *and that death occurred at* P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. B. Allison M. D.	107 E. West St	5/6/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-49	Holy Cross	A. A Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Tollyston Williams, M.D.	Charles F. Hall	1501 E Fort Ave

VS 150

13B

G74100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

450.0

G74100

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Beulah Johnson

2. DATE OF DEATH: 5/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1520 N. Rose St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Aug 15th 1883
9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.: 66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Ross
14. MOTHER'S MAIDEN NAME: Emily Disheuda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-16-1601
17. INFORMANT ADDRESS: Mrs L. Johnson 1127 N. Milton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Days
DUE TO
(B) Arteriosclerosis — unknown.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 5/1/49
19B. MAJOR FINDINGS OF OPERATION: Embolic, bifurcation of aorta.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 3, 1949, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 3:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Joh Robert Shull M.D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 7th 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, MD
25. FUNERAL DIRECTOR: Lee & Leach
ADDRESS: 1705 W. Pattison Park Ave

VS 150

94a

G74101 2 ✓ 4p. 1 G74101

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Oscar E. Fleischmann

2. DATE OF DEATH May 4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
344 Gwynn Ave.

C. Length of stay in Baltimore 55 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 344 Gwynn Ave. 20 07

5. SEX Male | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH April 2,1866 | 9. AGE (In years last birthday) 83 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY Baker

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fleischmann

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (daughter(Mrs. Katherine Linhardt ADDRESS 344 Gwynn AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac failure

DUE TO

(B) Coronary infarction

DUE TO

(C) arterio Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1949 *to* 5/2, 1949 *that I last saw the deceased alive on* 5/2, 1949 *and that death occurred at* 11 45 P. m. *from the causes and on the date stated above.*

23A. SIGNATURE Rob Hornstein M. D. | 23B. ADDRESS 204 E. Biddle st | 23C. DATE SIGNED 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 7/49 | 24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk. | 24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1949 | REGISTRAR'S SIGNATURE Huddington Williams, MD | 25. FUNERAL DIRECTOR Harry F. Weitzel | ADDRESS 4101 Edmondson Ave.

VS 250

94a

G74102

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20-1

G74102

Registered No.

1. NAME OF DECEASED (Type or Print) Frank H.Bachmann

2. DATE OF DEATH May 5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 759 W. Cross St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 759 W. Cross St.

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 759 W. Cross St. 7-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	June 16,1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY Charles T. Brandt

11. BIRTHPLACE (State or foreign country) Baltimore,Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Bachmann

14. MOTHER'S MAIDEN NAME Catherine Loga

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217 01 3715

17. INFORMANT Mrs. Frank H.Bachmann, ADDRESS 759 W. Cross St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 15 days

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 20, 1949 *to* May 5, 1949 *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE Benjamin Kader M. D.

23B. ADDRESS 2306 Eutaw Place

23C. DATE SIGNED May 6-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 7/49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) 4301 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR MAY 6-1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR Harry A. Dietz

ADDRESS 4101 Edmondson Ave.

VS 150

94a

G74103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74103 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anthony A Baccigalupa

2. DATE OF DEATH 5-5-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1212 E. Eager St.

c. Length of stay in Baltimore 76 Yrs. 9 Mos. 15 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1212 E. Eager St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	July 17, 1872	76	9	15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book Binder	Young & Selden	Baltimore Md	U.S.A.

13. FATHER'S NAME Andrew Baccigalupa

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		214-03-8810	Mrs Mary A Roache	826 N Alto St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 Days
DUE TO
(B) ARTERIOSCLEROSIS — 10 yrs
DUE TO
(C) ABSCESS OF Rt SHOULDER — 2 mo.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1949 *to* May 5 1949, *that I last saw the deceased alive on* 5-2 1949, *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James T Cavanaugh M.D. M.D.	304 N Goldsborough St	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-9-1949	New Cathedral	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Huntington Williams	Elmer W Conklin	927 E. Eager St.

VS 150

107

G74104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74104
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frederick P. Krueger Jr

2. DATE OF DEATH: 5/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: 7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 27 N. Abington St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
M	W	Single	Feb. 3-1942.	7 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pt. School	Pt. School	Balto. - Md.	U.S.A.

13. FATHER'S NAME: Frederick A Krueger

14. MOTHER'S MAIDEN NAME: Ida Pauline Greenfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY ~~NO~~:

17. INFORMANT: F. A. Krueger
ADDRESS: 27 Abington Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fractured Skull
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Quarry
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1 block North of 2500 W. Belvedere
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/3/49 about 5:30 p.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell off hill 20 ft

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: C. P. Jablonski M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/6/49
24C. NAME OF CEMETERY OR CREMATORY: Loudoun Park
24D. LOCATION (City, town, or county) (State): Woodlawn - Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. B. Wippert & Son
ADDRESS: 1300 Eutaw St

VS 151

186a

G74105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143

G74105

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNIE J. TYRRILL

2. DATE OF DEATH: 5/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4506 Frederick ave. Colonial Nursing Home
C. Length of stay in Baltimore: Yrs. 9 Mos. - Days 08

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2219 Aiken street

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 2/25. 1868
9. AGE (In years last birthday): 81 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Daniel
14. MOTHER'S MAIDEN NAME: Jane Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: none
17. INFORMANT: Raymond Tyrrill — ADDRESS: 2219 Aiken st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hypertensive Cardio Vas. H. D.	4 years.
DUE TO (B)	Left Hemiplegia	3 hours
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 May, 1949 *to* 4 May, 1949 *that I last saw the deceased alive on* 4 May, 1949, *and that death occurred at* 10 P *m. from the causes and on the date stated above.*

23A. SIGNATURE: William L. Peavy M. D.
23B. ADDRESS: 3025 Pelair Road
23C. DATE SIGNED: May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/7/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949
REGISTRAR'S SIGNATURE: Tunstall for Williams, M.D.
25. FUNERAL DIRECTOR: Chas J. Evans Son, Inc
ADDRESS: 118 N. Mt Royal Ave. 93D

VS 150

1.

G74106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 Registered No. G74106

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALFREDO COSTANTINI

2. DATE OF DEATH: 05 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE #11
D. STREET ADDRESS (If rural, give location): 205 W. 25TH ST

6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP.

c. Length of stay in Baltimore: Yrs. 12 Mos. 07 Days

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 30 MARCH 1897
9. AGE (In years last birthday): 52 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAVERN OWNER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nobile Costantini
14. MOTHER'S MAIDEN NAME: Patience (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: none
17. INFORMANT: SON — ADDRESS: Nobile Costantini 203 W. 25th st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ACUTE PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 2 days?
DUE TO
(B) HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 YRS +
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (In or about home; farm; factory; street; office bldg.; etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
VERBAL REPORT FROM DR. GEORGE CROSS (PATIENTS FAMILY DOCTOR) THAT
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21E. INJURY OCCURRED: m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?
THIS IS DEFINITELY NOT A MEDICAL EXAMINERS CASE.

22. *I hereby certify that I attended the deceased from* 12:15AM 05MAY, 1949, *to* 12:25AM 05MAY, 1949, *that I last saw the deceased alive on* 05 MAY, 1949, *and that death occurred at* 12:25A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald L. England M. D.
23B. ADDRESS: MARYLAND GEN. HOSP
23C. DATE SIGNED: 05MAY 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. J. Evans & Son Inc.
ADDRESS: 118 N. Mt. Royal Ave. 93

VS 150

G74107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74107

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph F. Garpstas

2. DATE OF DEATH May 4 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4314 Custer Ave.

c. Length of stay in Baltimore 50 yr (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4314 Custer Ave

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug 26 - 1872

9. AGE (In years last birthday) 76 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Lith.

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME ? —

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Anna Garpstas ADDRESS 4314 Custer Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - Cortical Softening - DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Arterio Sclerotic Cardio - Vascular DUE TO Renal Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1 1949 *to* May 4, 1949, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 12 4 m., *from the causes and on the date stated above.*

23A. SIGNATURE Paul Fadigan M.D.

23B. ADDRESS 320 Lexington Bldg

23C. DATE SIGNED 5/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE May 7-49

24C. NAME OF CEMETERY OR CREMATORY Holy Cross

24D. LOCATION (City, town, or county) (State) Anne Arundel County Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Joseph Kasmakes Inc

ADDRESS 602 Washington Ave 1310

VS 150

G74108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 43 Registered No. G74108

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edna Soisthann

2. DATE OF DEATH May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mercy Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1202 N. Rose Ave 8 03

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 22. 1898
9. AGE (In years last birthday) 50 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min. 4 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward C. Seeger
14. MOTHER'S MAIDEN NAME Elizabeth Young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edna Soisthann 1202 N. Rose Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 28 hours
DUE TO
(B) Hypertension Cardiovascular Disease 2 years +
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1949, *to* May 4, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE Joseph Howson M. D.
23B. ADDRESS Mercy Hospital
23C. DATE SIGNED May 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5-6-49
24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.
24D. LOCATION (City, town, or county) (State) Westlake Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 6 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR John C. Millington
ADDRESS 2435 E. Oliver St

VS 150

937

G74109

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1949

G74109 Registered No.

1. NAME OF DECEASED (Type or Print): John E. Hopkins

2 DATE OF DEATH: May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3013 Woodland Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore,
D STREET ADDRESS (If rural, give location): 3013 Woodland Ave.,

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
male	white	married	Sept. 9, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retd. Shipping Mgr.	Wholesale Drug	Happy Choice, A.A.Co. Md.	U.S.A.

13. FATHER'S NAME: Joshua T. Hopkins,

14 MOTHER'S MAIDEN NAME: Virginia Beard,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no		none	Mrs. M. R. Hopkins,	3013 Woodland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of bladder. — INTERVAL BETWEEN ONSET AND DEATH: Feb 11 1948 / May 2 1949
DUE TO
(B) Urethral regurgitation. — 1 Yr.
DUE TO
(C) Secondary Anemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 11, 19 48, *to* 5/ 2, 19 49, *that I last saw the deceased alive on* 5/ 1, 19 49 *and that death occurred at* 10 00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
F. T. Le Baron M. D.	4723 Park Heights Ave.	5/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
burial	5/6/49	Holy Redeemer Cemetery,	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 6		E. Vernon Lemmon.	4611 Park Hgts. Ave.

VS 150

528

BIRTH NO. G74110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E900-0 G74110 Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH J. BRADLEY N-805

2. DATE OF DEATH: May 5. 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4826 Park Heights Avenue 27-18

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	June 18,1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Gen. Contracting

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bradley,

14. MOTHER'S MAIDEN NAME: Margaret Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Andrew E. Bradley, ADDRESS: 4826 Pk. Hgts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture, 2nd cervical vertebra

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4826 Park Heights Avenue 27-18

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 5, 1949 5:25 A m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Fell down stairsteps (inside)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Nathan J. McClafferty M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5/9/49	Cathedral Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 - 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Huntington Williams, Inc. by Herman Lemmey ADDRESS: 4611 Park Hgts. Ave.

VS 151

186a

G74111 CERTIFICATE CORRECTED 5-16-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

155

G74111 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Alice Abramowska Lapinski

2. DATE OF DEATH May 4th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BON SECOURS HOSP.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.
D. STREET ADDRESS (If rural, give location) 320 S. Wolfe St. - Balto, Md.-31.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married.	3-12-87	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	—	Poland	Poland.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Wojswach	? Karapch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Anthony Lapinski	320 S. Wolfe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Gall bladder.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac Failure.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 30, 1944 *to* May 4, 1949 *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 6.45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. J. Castellano M. D.	2025 W. Fayette	May 4 - 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Balto. Burial	5-9/49	Holy Rosary	Balto. County Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	John M. Weber	401 S. Chester St Balto 31 Md.

VS 150

46F

G74112
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74112 Registered No.

1. NAME OF DECEASED (Type or Print): John L. Eagan.

2. DATE OF DEATH: May 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write IN RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1708 Thomas Ave 15 8 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	March 25-1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltimore Maryland	

13. FATHER'S NAME: Patrick

14. MOTHER'S MAIDEN NAME: Josephine Roderick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Miss Julia Eagan	1708 Thomas Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Occlusion (Recurrent)
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bilateral Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH: Min.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-19, 1949 *to* 5-5, 1949, *that I last saw the deceased alive on* 5-5, 1949, *and that death occurred at* 8 20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Anthony Johnson Venuto Jr. M. D.	St. Agnes Hospital	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/9/49	Cathedral Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6-1949	Tuttington Williams M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

G74113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 no. 1

G74113

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): RICHARD SWINDELL

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2728 Hugo Ave.

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2728 Hugo Ave. 9 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	widowed	Dec. 12, 1883	65	4	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Lanasa Produce Co.	Baltimore, Md.	

13. FATHER'S NAME: Richard Swindell

14. MOTHER'S MAIDEN NAME: Amelia Koffenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. Evelyn Sherrill	2728 Hugo Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Embolism	1 hr
DUE TO (B)	Acute Coronary Insufficiency / Myocardial Infarction	6 weeks
DUE TO (C)	Chronic Interstitial Nephritis	Years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 24, 1949, *to* May 5, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. A. Stevens M. D.	2818 Stratford Rd	5 5 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/7/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 6 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

121a

G74114 ✓ G74114

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

Registered No.

1. NAME OF DECEASED (Type or Print): Ida Lee Moore

2. DATE OF DEATH: May 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4118 Kenshaw Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Nov 10, 1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Moore

14. MOTHER'S MAIDEN NAME: Matilda A. Cooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT: Union Memorial Hospital records. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: none m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1949, *to* May 4, 1949 *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 3:45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank Suggler III M. D.

23B. ADDRESS: Unio Memorial Hosp

23C. DATE SIGNED: May 4 / 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5-7-49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 6 1949

REGISTRAR'S SIGNATURE: Thaddeus Williams, MD

25. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.

VS 150

937

G74115

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74115

Registered No.

1. NAME OF DECEASED (Type or Print) Margaret Cross Lee

2. DATE OF DEATH 5-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore 5 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson #4
D. STREET ADDRESS (If rural, give location) 100 Willow Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	W	4/18/1877	72 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Housewife	Maryland	U.S.A.

13. FATHER'S NAME John H. Cross

14. MOTHER'S MAIDEN NAME Jane Nicol

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	None	Mrs. H. Hook	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

(B) Hypertensive cardiovascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1949 *to* May 5, 1949, *that I last saw the deceased alive on* May 5, 1949, *and that death occurred at* 8 ½ *Am., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
James McC. Feeney M. D.	Union Memorial Hospital	5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 7, 1949	Prospect Hill	Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 6 - 1949	Huntington Williams, M.D.	John Burns' Sons	Towson, Md

VS 150

9-21

74116 ✓x E-74116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 590

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): John J. Bueter

2. DATE OF DEATH: 5/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6227 Holanird Avenue

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): about 45
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Rigger
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Herman A. Bueter
14. MOTHER'S MAIDEN NAME: Marguerite Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jas. A. Bueter ADDRESS: Charlestown, Ind.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks +
DUE TO
(B) with Uremia — 2 wks +
DUE TO
(C) with Cardiac Failure — 4 days +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(Pt. had bilateral central lung infiltration by x-ray of recent origin)

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18-, 1949 *to* 5-6-, 1949, *that I last saw the deceased alive on* 5-6-, 1949, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Clyde L. Thomas Jr. M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/6/49
24C. NAME OF CEMETERY OR CREMATORY: Graceland Memorial
24D LOCATION (City, town, or county) (State): New Albany, Ind.

DATE RECEIVED BY LOCAL REGISTRAR: 5/6/49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. W. Mears and Son
ADDRESS: 705 N. Calvert St.

VS 50

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G74117

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74117

Registered No.

1. NAME OF DECEASED (Type or Print) Anna Elizabeth Hein

2. DATE OF DEATH May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1225 W. Lombard St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 62 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1225 W. Lombard St.
C. CITY OR TOWN (If outside corporate limits, write IN RAL and give township) Baltimore, Md.
D STREET ADDRESS (If rural, give location) 1225 W. Lombard St.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Married	May 25,1874	74	11 9	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
House Wife	Home		

13. FATHER'S NAME: Karl Weber

14 MOTHER'S MAIDEN NAME: Elizabeth Asel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No	No	None	S. Felix Hein,	1225 W. Lombard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Diabetes

INTERVAL BETWEEN ONSET AND DEATH: 7 days

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 28 1949 *to* May 4 1949 *that I last saw the deceased alive on* May 4 1949 *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Albert Scarpetta M.D.	1729 W. Lombard St.	May 6 '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/7/49	Holy Redeemer	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 7 1949	Huntington Williams, M.D.	Frederick A. Cole	2208 W. Lombard St.

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G74118 18 BALTIMORE CITY HEALTH DEPARTMENT G74118
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 13-1
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive apts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Weinberg

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-16-5422	M	Wh	S M

6 (b) Name of husband or wife Lena B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1871

8. AGE: Years	Months	Days	If less than one day
78		24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Umbrella Manufacture
11. Industry or business same

FATHER
12. Name Abraham Weinberg
13. Birthplace Germany

MOTHER
14. Maiden Name Regina Blum
15. Birthplace Germany

16 (a) Informant Alfred D. Weinberg
(b) Address Lake Drive Apt. E-B

17 (a) Burial (b) Date thereof May 8, 1949
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Philadelphia Road

18 (a) Funeral director Lloyd Sondheim's Son
(b) Address 1902 Eutaw Place

19 MAY 7 1949 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1949, at 5-35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1949 to 5/5 1949 and that I last saw him alive on 5/5 1949.

Immediate cause of death	Duration
Myocardial infarction	
Due to Coronary occlusion	
Due to ASHD	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marjorie Oxman, M.D.
M. D.
Address Sinai Hosp. Date signed 5/5/49

VS 150

931

074119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

074119 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FERDINAND C. CARROLL

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 606 N. Pulaski St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 606 N. Pulaski St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1883
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Perry Carroll
14. MOTHER'S MAIDEN NAME: Carrie Fitzpatrick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 215-09-3974
17. INFORMANT: Mrs Catherine Carroll
ADDRESS: 606 N. Pulaski St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 da
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: Syr
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/16/49 *to* 5/5/49, *that I last saw the deceased alive on* 5/5/49 *and that death occurred at* 7:15 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph G Rauscher M.D.
23B. ADDRESS: 639 Washington Blvd
23C. DATE SIGNED: 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

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G74120

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74120

1. NAME OF DECEASED (Type or Print) Mr. Stuart Brenizer

2 DATE OF DEATH May 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital

c. Length of stay in Baltimore 14 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 5211 Wathen Blvd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	M	MAR. 14, 1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate Manager	Real Estate	Penna.	USA

13. FATHER'S NAME Orson Brenizer

14 MOTHER'S MAIDEN NAME May Bracketh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no			Miss M. Seitz	Church Home + Hosp

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Myocardial Infarction (Multiple)	4 yrs 1 mo 8 days
DUE TO (B)	Dilatation Left ventricle	
	Atherosclerotic Coronary Thrombosis	4 yrs, 1 mo, 8 days
DUE TO (C)	Arteriosclerosis, generalized	?
	Obesity	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5/3, 1949 *to* 5/6, 1949, *that I last saw the deceased alive on* 5/6, 1949, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Lee M. Howard M. D.	Church Home + Hosp.	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Interment	5/9/49	Lorraine Mausoleum	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Huntington Williams, M.D.	Wm. Cook, Inc.	29 W. Saratoga St.

VS 150

94a

G74121 21

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74121

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Nelson F. Ruff

2. DATE OF DEATH: MAY 6 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1510 N. Regester St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	7-20-05	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic		Md	

13. FATHER'S NAME: George Ruff

14. MOTHER'S MAIDEN NAME: Laura Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) / (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute yellow atrophy

DUE TO

(B) ? Weil's disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 6 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 5-3-, 1949 *to* 5-6, 1949 *that I last saw the deceased alive on* 5-6, 1949 *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/9/49

24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge

24D. LOCATION (City, town, or county) (State): Jersey Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] 27 W. Fayette St.

VS 150

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G74122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74122

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MICHAEL HORRIGAN

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
D. STREET ADDRESS (If rural, give location): Unknown 19-2

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 14, 1894
9. AGE (In years last birthday): 55? If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASHINGTON, DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DENNIS HORRIGAN
14. MOTHER'S MAIDEN NAME: HONORA MALONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO:
17. INFORMANT: M. J. HORRIGAN ADDRESS: 1411 James Creek P'kway Wash. D.C.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Methyl alcohol poisoning
DUE TO
(B) Acute alcoholism
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: May 9, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arlington National
24D. LOCATION (City, town, or county) (State): Arlington, Va

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: James T. Ryan, Inc. ADDRESS: Wash., D.C.

VS 151

77c

G74123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G74123 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dusey, Annie

2. DATE OF DEATH 5-7-49

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Worcester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Snow Hill
D. STREET ADDRESS (If rural, give location)

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH
9. AGE (In years last birthday) 32
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William J. Clark
14. MOTHER'S MAIDEN NAME Mary Eliz Bevans-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intra Cerebral Hemorrage Left
DUE TO Hemasphere and brain stem

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1949, *to* 5-7, 1949 *that I last saw the deceased alive on* 5-7, 1949 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Patterson Mach M. D.
23B. ADDRESS University Hospital
23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 5/10/49
24C. NAME OF CEMETERY OR CREMATORY Snow Hill
24D. LOCATION (City, town, or county) (State) Snow Hill Md

DATE RECEIVED LOCAL REG. MAY 7 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Clay C. Dennis
ADDRESS Snow Hill Md

VS 150

813a

74124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 22.1

Registered No. G74124

BIRTH NO.

1. NAME OF DECEASED (Type or Print) POWHATAN WESLEY ROBINSON

2. DATE OF DEATH May 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

C. Length of stay in Baltimore — Yrs. Mos. Days

5. STREET ADDRESS (If rural, give location) 1119 Penna. Ave. 12-0

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	unknown	unknown	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown		unknown	

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lillian Pugh 1125 Argyle ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular disease.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		May 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5/7/49	Mt. Calvary	Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 7 - 1949	Custer for Williams, M.D.	A. Halstead 918 Druid Hill Ave.

VS 151

937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74125

BIRTH NO. 74125 B.C. 49-04723

1. NAME OF DECEASED (Type or Print): BARBARA LEE ROGERS — N-991

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 906 West Mulberry St. 18 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	colored	single	Mar. 4/49		2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Md.	U.S.A.

13. FATHER'S NAME: Hebert J. Rogers

14. MOTHER'S MAIDEN NAME: Claudine Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Claudine Rogers ADDRESS: 906 - Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to accidental strangulation — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	906 West Mulberry St. 18/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
5 5 49 ? a m.		Head wedged between bed and chair

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR	23C. DATE SIGNED
Helen J. McCafferty M.D.		May 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5/7/49	Mt. Calvary	Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Huntington Williams, M.D.	A. Halstead	918-195 E Lund Hill Ave.

VS 151

G74126

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157 Registered No.

G74126

1. NAME OF DECEASED (Type or Print) Catherine FINK

2 DATE OF DEATH 6 May 1979

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.
D. STREET ADDRESS (If rural, give location) 2924 E. Madison St.

5. SEX Ox

6. COLOR OR RACE White

7. (SINGLE) MARRIED WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH 8 Apr 1881

9. AGE (In years last birthday) 68 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Fink

14 MOTHER'S MAIDEN NAME Catherine Brockenhofer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT George M. Fink — ADDRESS 811 N. Wolfe St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lungs, Metastatic — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Carcinoma of Pancreas — 6 mo.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Malnutrition

19A. DATE OF OPERATION Jan 1979

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 May, 1979 *to* 6 May, 1979, *that I last saw the deceased alive on* 6 May, 1979, *and that death occurred at* 7 33 m., *from the causes and on the date stated above.*

23A. SIGNATURE Roman V. Ulan, M.D. — 23B ADDRESS Franklin Square Hosp. — 23C DATE SIGNED 6 May 79

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE May 9/79 — 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer — 24D. LOCATION (City, town, or county) (State) Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 1979 — REGISTRAR'S SIGNATURE Huntington Williams, MD — 25 FUNERAL DIRECTOR Geo M. Fink & Son — ADDRESS

VS 150

469

G74127

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Yr. 1

G74127

Registered No.

1. NAME OF DECEASED (Type or Print): EMMA V. HUNTER

2 DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4421 Wickford Rd.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): 4421 Wickford Rd. 2 2 14

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Oct. 7, 1860
9. AGE (In years last birthday): 88 yrs. | If under 1 year: Months, Days | If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard Stinson
14 MOTHER'S MAIDEN NAME: Margaret -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16 SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. J. Carey Read
ADDRESS: 4421 Wickford Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Years.
DUE TO
(B) Arterio-Sclerosis generalized — Years.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1935, *to* May 6, 1949, *that I last saw the deceased alive on* May 5 1949, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B ADDRESS: 20 E. Preston Street
23C. DATE SIGNED: 5/6/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

93D

G74128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74128

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NORA E. HENRY

2. DATE OF DEATH May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1938 W. Fayette St.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1938 W. Fayette St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widow	Jan. 22, 1868	81 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Howells Pt., Talbot Co., Md.	

13. FATHER'S NAME: Matthias Merrick

14. MOTHER'S MAIDEN NAME: Harriett E. Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs. Margaret V. Lidard	1938 W. Fayette

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular disease

DUE TO

(B) Complete Heart Block - Adams Stokes Syndrome

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (?) / 1 day

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1939, *to* May 5, 1949, *that I last saw the deceased alive on* 5/5, 1949, *and that death occurred at* 5:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel E. Bycraft, M. D.	1905 W. Baltimore St.	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/9/49	Greenmount Mausoleum	Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Lemuel Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

G74129

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63

Registered No. G74129

1. NAME OF DECEASED (Type or Print): JOHN GEORGE KOUFOUDAKIS

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home, 2075 Rockrose Ave.

C. Length of stay in Baltimore: 5 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: S. C.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
D. STREET ADDRESS (If rural, give location):

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: ? ? 1892

9. AGE (In years last birthday): 56 yrs. (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: unemployed

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Koufudakis

14. MOTHER'S MAIDEN NAME: Sevasti Batalis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 250-05-9630SC

17. INFORMANT: Mr. John Georges — ADDRESS: 2505 Pennsylvania Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma, Lung
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1yr

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION: Carcinoma, Lung

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 5, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 1:45 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Loy W. Zimmerman M. D.

23B. ADDRESS: 2858 Hartford Rd.

23C. DATE SIGNED: May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/5/59

24C. NAME OF CEMETERY OR CREMATORY: Greek Orthodox Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949

REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

477

G74130

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74130

1. NAME OF DECEASED (Type or Print): JOHN ELLSWORTH FOOS

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 507 Chateau Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 507 Chateau Ave. 27-10

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Jan. 6, 1861
9. AGE (In years last birthday): 88 yrs. If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired salesman
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Foos
14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Hilbert E. Foos ADDRESS: 507 Chateau Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-vascular-renal disease

DUE TO

(B) senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1939, 19__, *to* May 5, 1949 *that I last saw the deceased alive on* May 5, 1949 *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. H. Swartz Jr. M. D.
23B. ADDRESS: 36 York Ct.
23C. DATE SIGNED: 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

131a

G74131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

040 G74131
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Swenson
2. DATE OF DEATH May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2075 Rockrose, Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE
B COUNTY 12 of
2075 Rockrose, Ave
c CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore, Md
D STREET ADDRESS (If rural, give location)

5. SEX Fe
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) about 80 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Steven W. Parrish
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Henry Hanna ADDRESS Mercantile Trust Bldg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lymphatic Leukemia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949 *to* May 4th, 1949 *that I last saw the deceased alive on* May 4th, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE R. Traugott M. D.
23B ADDRESS 1623 E. North Ave
23C DATE SIGNED 5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B DATE May 7, 49
24C NAME OF CEMETERY OR CREMATORY Providence Cemty
24D LOCATION (City, town, or county) (State) Gamber, Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR John O. Mitchell Sons
ADDRESS 1900 Eutaw

VS 150

74a

G74132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 97 2.0 ✓ Registered No. G74132

BIRTH NO. N 968

1. NAME OF DECEASED (Type or Print) JOHN WOLTER (WALTER)

2. DATE OF DEATH May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital
C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 406 South Ann St.

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 9, 1881
9. AGE (In years last birthday) 68 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather worker
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Wolter
14. MOTHER'S MAIDEN NAME Jozefa ----------
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO 216-10-0389
17. INFORMANT Miss Agnes Wolter, ADDRESS 406 S. Ann Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Asphyxiation due to inhalation of illuminating gas.	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cerebral arteriosclerosis with mental depression.	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 406 South Ann St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 5 49 ? m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? One gas burner on stove on but unlit

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE George G. Merrill M D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED May 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 9, 1949
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1949
REGISTRAR'S SIGNATURE Emily Jones for Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS M.F. Sadowski & Sons, 1808 Eastern Avenue

VS 151

163H

Elzie E. Bell

G74133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74133

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elzie E. Bell

2. DATE OF DEATH 5/5 — 49

3. PLACE OF DEATH: A. Baltimore City, Maryland 2570 W. Cullotden

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 5 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 2570 W. Cullotden
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2570 W. Cullotden 13-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Col	Married	1876 — Jan 31	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Balto Md	USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. [illegible] Bell	Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/1 '49 *to* 5/5 '49 *that I last saw the deceased alive on* 5/5 '49 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
B. R. Betts M. D.	2139 [illegible]	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-9-49	Mt. Auburn	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Tunstington Williams, M.D.	Mrs. Frances A. Kennedy & Sons	518

VS 150

94a

74134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

174 Registered No. G74134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27?? W. Carey St.
(c) Hospital or institution: Sinai Lancaster Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Turner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife John W. Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53				

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David White
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant John W. Turner
(b) Address 2201 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/49 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Cem.
Location

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Biddle St.

19 (d) MAY 7 - 1949 (Date rec'd by registrar) Huntington Williams, Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1949, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 '49 to May 6 '49 and that I last saw h[illegible] alive on May 6 '49.

Immediate cause of death Carcinoma of Uterus — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Johnson M.D.
Address 403 McCulloh St. Date signed May 7 49

4812

74135

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74135

Registered No.

1. NAME OF DECEASED (Type or Print) ANDREW SMITH

2. DATE OF DEATH May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1202 Harford Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1202 Harford Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Divorced	Aug. 11, 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U. S. A.

13. FATHER'S NAME: Joserh Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-4204

17. INFORMANT: Mrs Laura Hall — ADDRESS 1213 Harford Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute miliary tuberculosis, Bronchio-Pneumonia

DUE TO (B) Bilateral with pleurisy & secondary origin of Exposure & Grippe (Flu)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 39 days

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26-49, *to* 5-5-49, *that I last saw the deceased alive on* 5-5-49 *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jas. R. Blake M. D.	1603 N. Caroline	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-8-49	Mt. Zion Cem	Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Tunstington Williams, M.D.	Mrs Frances A. Hensley	578 N. Biddle St.

VS 150

12R

G74136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 G74136

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): FRANCES (FRANCESCA or FRANCIS) LOMBARDO

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3605 Parkside Dr.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3605 Parkside Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
female	white	widowed

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Nov. 2, 1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Italy	Italy

13. FATHER'S NAME: Rosario Salamone

14. MOTHER'S MAIDEN NAME: Jessie Savico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		

17. INFORMANT: Louis Lombardo - 3605 Parkside Dr. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma (cystic) pancreas — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS. (IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 1949	Carcinoma head pancreas	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1939, 19, *to* May 4, 1949 *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 4.45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Krusch Jr. M.D.	36 York Ct.	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	May 9, 1949	Holy Redeemer Cemetery	4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR (ADDRESS): Schimunek Funeral Home, Inc. 2601-5-5 E. Madison St.

VS 150

469

G74137

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74137

Registered No.

1. NAME OF DECEASED (Type or Print) Lena (Mills) Williams

2. DATE OF DEATH 5/3/1949 6:25 A.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1520 Madison Avenue 14-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Married	7/18/1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	

13. FATHER'S NAME: Billie Williams

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: Hypertensive Cardio Vasc under disease a decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO: Acute Pericarditis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-17 1949 *to* 5-3 1949 *that I last saw the deceased alive on* 5-3 1949 *and that death occurred at* 6:25 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1213 Light Street	5/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-1949	Mount Auburn Cemetery	Baltimore City Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Huntington Williams, MD	Joseph A. Sivly	661 West Baltimore St

VS 150

93D

G74138

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 74138

1. NAME OF DECEASED (Type or Print): William Metzbower

2. DATE OF DEATH: 5-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-10
D. STREET ADDRESS (If rural, give location): 4+23 W. Lidwood WRENWOOD Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~
8. DATE OF BIRTH: 2-14-1892
9. AGE (In years last birthday): 57 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Metzbowers
14. MOTHER'S MAIDEN NAME: Catherine Bosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Thelma M. Heatherly ADDRESS: 512 Beaumont Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Pylophlebitis - intrahepatic Thrombosis
Multiple small abscess

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO: Carcinoma - pancreas
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1-1 days

19A. DATE OF OPERATION: 5-4-49
19B. MAJOR FINDINGS OF OPERATION: Carcinoma pancreas - biliary obstruction
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 19 49 *to* 5-6, 19 49, *that I last saw the deceased alive on* 5-6 19 49 *and that death occurred at* 7 35 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Evans MD M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-9-49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 5000 E. Balt. St

VS 150

463

74139

BALTIMORE CITY HEALTH DEPARTMENT 443 G74139

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY SUTINEN

2. DATE OF DEATH 5/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 609 S. Ponca Street

c. Length of stay in Baltimore 18 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md COUNTY Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt., Md
D. STREET ADDRESS (If rural, give location) 2605

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 15, 1889 | 9. AGE (In years last birthday) 59 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10B. KIND OF BUSINESS OR INDUSTRY Steel | 11. BIRTHPLACE (State or foreign country) Finland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Kalli Sutinen

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-9299

17. INFORMANT Mrs. Fiina Sutinen ADDRESS 609 S. Ponca St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Haemorrhage

DUE TO

(B)

DUE TO

(C) Hypertension - P.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1949 to 5/4, 1949 that I last saw the deceased alive on 5/4, 1949 and that death occurred at 11.30 A.M., from the causes and on the date stated above.

23A. SIGNATURE M. D. | 23B ADDRESS 1613 Eastern Ave. | 23C DATE SIGNED 5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/7/49 | 24C. NAME OF CEMETERY OR CREMATORY Oak Lawn emetery | 24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25 FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC

VS 150 BALTIMORE - 13, MARYLAND 937

G741-40

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G741-40

Registered No.

1. NAME OF DECEASED (Type or Print) KATHERINE ELIZABETH FRANCIS — KATHERINE FRANCIS

2. DATE OF DEATH 5/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL

c. Length of stay in Baltimore — Yrs. Life — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 411 N. Linwood Apt #27

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH June 7 '86

9. AGE (In years last birthday) 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Hunt

14. MOTHER'S MAIDEN NAME Margaret Wersck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO none

17. INFORMANT Edwin T. Francis — ADDRESS 411 N. Linwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

(B) Hypertension cardiovascular disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/3 , 1949 *to* 5/7 , 1949 *that I last saw the deceased alive on* 5/6 , 1949 *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Owen J. Black, M.D.

23B ADDRESS Maryland General

23C DATE SIGNED 5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 5/10/49

24C NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25 FUNERAL DIRECTOR HENRY SANDER & SONS, INC

ADDRESS BALTIMORE - 13, MARYLAND

VS 150

93D

G74141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-20-1

G74141 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT MICHAEL BAER

2. DATE OF DEATH May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2135 Cliftwood Avenue

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2135 Cliftwood Avenue 8 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	white	married	May 6, 1890	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Silversmith	Stieff Co.	Baltimore, Md.	USA

13. FATHER'S NAME
Michael Baer

14. MOTHER'S MAIDEN NAME
Mary A. Gundersdorf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
yes	W.W.No.1		Mrs. Helen M. Baer	2135 Cliftwood Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, Coronaries 5 yrs.

DUE TO

(C) Generalized Arteriosclerosis 5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Epididymitis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 1949 *to* May 6, 1949 *that I last saw the deceased alive on* May 5, 1949 *and that death occurred at* 9.45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
K. Krulevitz M. D.	244 N Milton ST.	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/9/49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 7 - 1949	Lamington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MD.

94a

7412 BALTIMORE CITY HEALTH DEPARTMENT 19 Registered No. 7412

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Clifton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Lentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Charles Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1864

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Leonard J Kreiner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Barbara ?
15. Birthplace Germany

16 (a) Informant Mrs. Mary B. Schlosser
(b) Address 1601 Clifton Ave

17 (a) Burial (b) Date thereof 5/9/49
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto

18 (a) Funeral director L. J. Reuck
(b) Address 5305 Harford Rd

19 MAY 7 - 1949 (b) Washington Nat'l Insurance Co. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1949 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1949 to 5-4 1949 and that I last saw h alive on 5-4 1949.

Immediate cause of death Pulmonary Embolism — Duration

Due to Thrombosis

Due to Generalized Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Judith Faulkner M. D.

Address Sinai Hospital Date signed 5-4-49

VS 153

G74143 — JL- 114635 — G74143

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

177 Registered No.

1. NAME OF DECEASED (Type or Print): Charles Conrad Kreitler

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5007 Harford Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M	W	Married

8. DATE OF BIRTH: April 6, 1871
9. AGE (In years last birthday): 78 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frederick Jacob
14. MOTHER'S MAIDEN NAME: Catherine Moneweg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia. — (INTERVAL BETWEEN ONSET AND DEATH): 1 MO.
DUE TO
(B) Cystitis Debility & Pyelonephrosis
DUE TO
(C) Obstructive Carcinoma of the Prostrate

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Broncho Puenmonia — 2 Weeks

19A. DATE OF OPERATION: 10-28, 1947
19B. MAJOR FINDINGS OF OPERATION: Orchidectomy for Carcinoma Prostrate
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20, 1947, *to* May 5, 1949 *that I last saw the deceased alive on* May 5, 1949, *and that death occurred at* 11.15 Pm *from the causes and on the date stated above.*

23A. SIGNATURE: [signature], M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck - 5305 Harford Rd (ADDRESS)

VS 150

51C

G741:4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 3 G741:4

1. NAME OF DECEASED (Type or Print): Henry J. Roche
2. DATE OF DEATH: 5-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Baltimore General Hosp.
c. Length of stay in Baltimore: Yrs. 46 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5418 Hillburn Ave #A 27-34

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 5-20-1886
9. AGE (In years last birthday): 63
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore police dept.
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Roche
14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Family
ADDRESS: 5418 Hillburn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — DUE TO
(B) Hypertensive Cardiovascular Disease — DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 5-4-49

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4-49, 19, *to* 5-6-49, 19, *that I last saw the deceased alive on* 5-6-49, 19, *and that death occurred at* 1245 m., *from the causes and on the date stated above.*

23A. SIGNATURE: B.L. Good MD. M.D.
23B ADDRESS: U.B.C. Hospital
23C DATE SIGNED: 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck
ADDRESS: 5305 Harford

VS 150

937

G74145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74145 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna M. Klender

2. DATE OF DEATH May 4th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6 N. Tremont Road
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write NOT IN CITY and give township) Baltimore City 26-4
D STREET ADDRESS (If rural, give location) 4216 Massachusetts Ave

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Single	12/8/1886	62.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
—	—	Baltimore · Md	USA.

13. FATHER'S NAME Frederick Klender

14 MOTHER'S MAIDEN NAME Mary Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No	—	—	Wm. Klender	6 N. Tremont Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinomatosis	
DUE TO (B)	Carcinoma of Stomach	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4/26/49	Carcinoma of Stomach Cholelithiasis	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/7 1949 *to* 5/4 1949, *that I last saw the deceased alive on* 5/4 1949 *and that death occurred at* 5 00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
A. A. Lemmon M. D.	4209 Fred. Ave	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	7 May 49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 7 - 1949	Washington Williams, M.D.	F. B. Wippert & Son	1300 Eutaw Pl.

VS 150

46 82

49-08531 X ✓

G741-46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 Registered No. G741-46

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SERENA POWELL

2 DATE OF DEATH MAY 6 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A STATE Maryland B COUNTY Balt Co

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
WEST BALTIMORE GEN. HOSPITAL

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Randalls Run

c. Length of stay in Baltimore Yrs. Mos. Days

D STREET ADDRESS (If rural, give location) 7 Sledes Court.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W.	Married	10/2/1922	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Va.	U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Walter Powell	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RESPIRATORY ARREST

DUE TO

(B) BRAIN TUMOR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION MAY 6, 1949

19B. MAJOR FINDINGS OF OPERATION BRAIN TUMOR

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6/1949 to 5/6/1949, that I last saw the deceased alive on 5/6/1949, and that death occurred at 10:30PM from the causes and on the date stated above.

23A. SIGNATURE L.A. Golombek M. D.

23B. ADDRESS W3 G-H

23C DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B DATE MAY 7-49

24C NAME OF CEMETERY OR CREMATORY Rocky Mount

24D LOCATION (City, town, or county) (State) Virginia

DATE RECEIVED BY LOCAL REGISTRAR MAY 7 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Robert Pumphrey

ADDRESS 56D Bethesda - Md.

VS 150

G74147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74147 Registered No.

BIRTH NO. B.C. 48-10095

1. NAME OF DECEASED (Type or Print): Linda Williams

2. DATE OF DEATH: April 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryland
D. STREET ADDRESS (If rural, give location): 24 S. Bethel St. 3 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	C		May 12-1948		11			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Heyman Williams
14. MOTHER'S MAIDEN NAME: Doretha Shelton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Doretha Williams ADDRESS: 248 S. Bethel St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Leucemia
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: Apr. 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-7-49	Mt. Calvary Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] Baltimore Md

74a

A 70197 G741:48 ✓X (957.1)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 9531 Registered No. G741:48

1. NAME OF DECEASED (Type or Print): Perry Lee Perkall

2. DATE OF DEATH: MAY 7 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1421 E 4 St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Fla.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TAMPA
D. STREET ADDRESS (If rural, give location): Calle D^a Sota Homes, Apt. #5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	white		10-5-48		7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Fla.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph L. Perkall	Nina D. Duan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) congenital polycystic kidneys

DUE TO

(B) Hardening of heart RHABDOMYOMA

DUE TO

(C) 2. Tuberous sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4-, 1949 *to* 5-7-, 1949 *that I last saw the deceased alive on* 5-7-, 1949 *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5-8-49	Myrtle Hill	Tampa, Florida.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 8 1949	Huntington Williams, M.D.	Wm. Cook Inc.	1217 St. Paul St.

157H

G74149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7041 G74149 Registered No.

1. NAME OF DECEASED (Type or Print): Blanche Coggins

2. DATE OF DEATH: May 7 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Osler 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8 05
D. STREET ADDRESS (If rural, give location): 1830 N Broad St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-28-98
9. AGE (In years last birthday): 50 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mike Morgan
14. MOTHER'S MAIDEN NAME: Kate Wiles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myelogenous Leukemia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28-, 1949 *to* 5-7-, 1949, *that I last saw the deceased alive on* 5-7-, 1949 *and that death occurred at* 7:44 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sherman M. Mellinkoff M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49.
24C. NAME OF CEMETERY OR CREMATORY: Kendale Church
24D. LOCATION (City, town, or county) (State): Stanly Co N C

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilson & Son
ADDRESS: 1218 E Fond St

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74a

BIRTH NO. [illegible]50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

754.0 Registered No. G74150

1. NAME OF DECEASED (Type or Print): Donald F. Dickson

2. DATE OF DEATH: May 7, '49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefonte -
D. STREET ADDRESS (If rural, give location): 212 W. High St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 9-18-44
9. AGE (In years. If under 1 year, Months, Days; If under 24 hours, Hours, Min.): 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pa. -
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Donald Dickson
14. MOTHER'S MAIDEN NAME: Blanche Evey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac failure
DUE TO
(B) Coronary Heart disease
DUE TO
(C) Pathology of Lung

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4 thru 1949 *to* May 7, 1949 *that I last saw the deceased alive on* May 7, 1949 *and that death occurred at* 10 45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mitchell C Carlson M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: May 6/49
24C. NAME OF CEMETERY OR CREMATORY: Centre City Mem Park
24D. LOCATION (City, town, or county) (State): Centre Co Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25 FUNERAL DIRECTOR: Ulman Funeral Home
ADDRESS: 200 Pleasant

VS 150

157F

G74151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

770.0

G74151

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Richard Merrill Fisher

2. DATE OF DEATH 5-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Bon Secours Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Bon Secours Hosp.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Prince Georges
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laurel, Md.
D. STREET ADDRESS (If rural, give location) 110-2nd St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	S	5-4-49	3dzys	3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	U.S.

13. FATHER'S NAME: David Fisher

14. MOTHER'S MAIDEN NAME: Margaret Krzeski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO		NONE	David Fisher	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
(A)	Pulmonary Edema	1 day
DUE TO		
(B)	Erythroblastosis Foetalis	3 days
DUE TO		
(C)	Blood Type Rh (+) Mother	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4, 1949, *to* 5-7, 1949, *that I last saw the deceased alive on* 5-7, 1949, *and that death occurred at* 5 30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Richard C. Hayden M.D.	Bon Secours Hosp.	5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9, 1949	St. Mary's	Laurel, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Wm. Wirt Houseton	Laurel, Md.

VS 1-50

161

G74152

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G74152 Registered No.

1. NAME OF DECEASED (Type or Print) **Fannie M. Weinberg**

2. DATE OF DEATH **May 6, 1949**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **4213 Groveland Ave.**
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore **55 years** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **4213 Groveland Ave.** 2801

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	White	Divorced	June 1, 1865	83	11	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		New Oreleans, La.	

13. FATHER'S NAME **Alexander Mann**

14. MOTHER'S MAIDEN NAME **Threasa Hauseman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		None	Mrs. Hilda Bell	4213 Groveland Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis, generalized

DUE TO

(B) Hypertensive C-V Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 26, 1948 *to* May 6, 1949, *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Daniel Silverstein M. D.	2326 Eutaw Place	5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9, 1949	Baltimore Hebrew	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 8 - 1949	Hunter for Williams, M.D.	David Sonnenberg Son	1902 Eutaw Place

VS 15b

93D

G741.53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

156 1 G741.53 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THEODORA BOGDANSKI

2. DATE OF DEATH May 7-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3316 O'Donnell St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore about 50 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md
b. COUNTY —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 3316 O'Donnell St 26-11

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Nov. 1-1871
9. AGE (In years last birthday) 77 78
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Jacob Bruse

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO None

17. INFORMANT Mrs Peter Kenney ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Liver
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949 *to* May 7, 1949 *that I last saw the deceased alive on* 5-6-49 19___, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE G. G. Schimunek M. D.
23B. ADDRESS 842 S East Ave
23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 10-49
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus
24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR John J. Duda ADDRESS 2829 Hudson St.

XS 150

46F

G74154 BALTIMORE CITY HEALTH DEPARTMENT G74154

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): HARRY POLONSKY
2. DATE OF DEATH: 5-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2023 Longwood St 15 06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russian
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ashe
14. MOTHER'S MAIDEN NAME: Rachael
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Rebecca Polonsky ADDRESS: 2023 Longwood St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Coronary sclerosis — 2 years
DUE TO
(C) General arteriosclerosis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9 *, 19*49 *to* 5-6 *, 19*49 *that I last saw the deceased alive on* 5-6 *, 19*49 *and that death occurred at* 4a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry Nagel M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-8-49
24C. NAME OF CEMETERY OR CREMATORY: Adas Israel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis
ADDRESS: 200 Eutaw Pl

VS 150

94a

G741.55 B.C.-49-08991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

754.4

G741.55 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 77 20
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Strathmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Liss, Baby Boy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-49

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Reuben Liss

13. Birthplace Balto

MOTHER 14. Maiden Name Dorothy Berkow

15. Birthplace Balto

16 (a) Informant Reuben Liss

(b) Address 3705 Strathmore ave

17 (a) Burial (b) Date thereof 5-8-49
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington

Location Rogers Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

19 MAY 8 - 1949 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1949 at 1 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1949 to 5-7 1949. and that I last saw him alive on 5-7 1949.

Immediate cause of death resp failure — Duration

Due to anoxemia

Due to congenital cardiac malformations

Other Conditions partial

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: cong. cardiac malformation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Josephs M.D.

Address Sinai Hosp Date signed 5/7/49

VS 150

157E

G741156

BIRTH NO. G741156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161

Registered No. G741156

1. NAME OF DECEASED (Type or Print): Robert J. Rinaldi

2. DATE OF DEATH: May 6 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital.

C. Length of stay in Baltimore: Yrs. 3 Mos. 0 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 310 S. High St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male.	white.	Married.	1-3-1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fish Dealer.		Maryland.	

13. FATHER'S NAME: Michael Rinaldi.

14. MOTHER'S MAIDEN NAME: Mary Mesano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-18-0791	Anna R. Rinaldi.	above.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of epiglotis & metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 1½ yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-1 *,* 19 49 *, to* 5-6 *,* 19 49 *that I last saw the deceased alive on* 5-6 *,* 19 49 *and that death occurred at* 3½ p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. G. Patterson Mach M. D.	University Hospital	May 6 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9 1949	New Cathedral Cemetery	4300 Old Frederick Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 8 1949	Victor Williams, M.D.	Frank Della Rocca	322 S. High St.

MMd 180

47a

G741:57 BALTIMORE CITY HEALTH DEPARTMENT G741:57 5?

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHAMBERS, FRANK

2. DATE OF DEATH: 7 May 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 E. University Pkwy.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 311 E. University Pkwy 12 or

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/20/1893
9. AGE (In years last birthday): 55 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Agent
10B. KIND OF BUSINESS OR INDUSTRY: B & O R R
11. BIRTHPLACE (State or foreign country): [illegible] New Jersey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Chambers
14. MOTHER'S MAIDEN NAME: Katie ? Pyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Thos F. Chambers Jr ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)
(A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 mo. ?
DUE TO
(B) Arteriosclerotic C.V.D. —
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased* ~~from~~ on 12 April, 1949 to —, 19 , *that I last saw the deceased alive on* 12 April, 1949, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Rud Schalis M.D.
23B. ADDRESS: 1214 N. Calvert St
23C. DATE SIGNED: 7 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 - 1949
REGISTRAR'S SIGNATURE: [illegible] Huntington Baltimore, Md.
25. FUNERAL DIRECTOR: J. J. Fahey & Sons ADDRESS: 1318 Light St

VS 150

93D

G741:58 — BALTIMORE CITY HEALTH DEPARTMENT — G741:58

CERTIFICATE OF DEATH

BIRTH NO. — Registered No. 58

1. NAME OF DECEASED (Type or Print): GEORGE [redacted] BLOCK

2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. General Hosp.

C. Length of stay in Baltimore: Left — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 636 N. Fulton Avenue — 16-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Nov. 27, 1877	71	5 / 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special officer
10B. KIND OF BUSINESS OR INDUSTRY: Balto Steam Packet
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Block
14. MOTHER'S MAIDEN NAME: Rose —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 216-21-6135
17. INFORMANT: Katherine E. Block — ADDRESS: 636 N. Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Nephrosis (toxic?)
DUE TO multiple injuries sustained in automobile accident

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH:
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Light & Barre Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 5, 1949 7:40 A m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by tractor-trailor

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Wallace J. McClafferty M D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 9, 1949
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAY 8 - 1949
REGISTRAR'S SIGNATURE: Eunice Ten Williams, M.D.
25. FUNERAL DIRECTOR: A. Howard Evans — ADDRESS: 1400 Shaw Ave

VS 151

170C

G74159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74159 57

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ollie Allen

2. DATE OF DEATH: May 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1519 N. Dallas St

c. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1519 N. Dallas St 806

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C.	Married	Feb 18, 1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Va.	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Lizzie Allen	1519 N. Dallas St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: May 5, 1949

DUE TO

(B) Aortic Regurgitation — Complete

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Paranchymatous Nephritis. Hypertension Arteriosclerosis — Complete

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION?	20. AUTOPSY?
None	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Dec 1948, *to* May 5 1949, *that I last saw the deceased alive on* May 5 1949, *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ralph J. Young M. D.	1429 E Monument St	5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 8/49	Mt Calvary Cem	G. G. County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MY 8 1949	Huntington Williams M.D.	Mrs Pott & Ellwood Undertakers	1312 1129 N. Carlton St

VS 150

74160 ✓ X G74160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CORA PRICE LEWIS

2. DATE OF DEATH: MAY 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 470 S. BENTALOU ST

c. Length of stay in Baltimore: 38 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: DISTRICT OF COLUMBIA
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
D. STREET ADDRESS (If rural, give location): 52 GIRARD ST. N.E.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 4, 1870
9. AGE (In years last birthday): 79 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: WILLIAM PRICE
14. MOTHER'S MAIDEN NAME: MARGARET ANN PHEIFER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: M.P. EBELING (DAUGHTER) ADDRESS: 470 S. BENTALOU ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF CERVIX UTERI WITH URETERAL INVASION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: NONE

INTERVAL BETWEEN ONSET AND DEATH: AUG. 1948 (11 MONTHS)

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION: —
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* MAR. 30, 1949 *to* MAY 8, 1949 *that I last saw the deceased alive on* MAY 8, 1949 *and that death occurred at* 11:23 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. Carl Ebeling M. D.
23B. ADDRESS: 4401 ATWICK RD. BALTO. 10 MD.
23C. DATE SIGNED: MAY 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 7/8/49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: W.R.F. Hines
ADDRESS: 2901 14th St. NW. Wash. D.C.

VS 150

48a

G74161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74161

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert Coates

2. DATE OF DEATH 5-8-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 27 N Caren
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Home
C. Length of stay in Baltimore 60 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 2022 N. Gilmor COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 2022 N. Gilmor 14-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Male	Negro	Single	March 17, 1863	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housesman	Domestic	Maryland	

13. FATHER'S NAME: Unknown to informant

14. MOTHER'S MAIDEN NAME: Unknown to informant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Charlotte Kimball	818 W. 40th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 4/1 19[illegible] to 5/8 19[illegible], that I last saw the deceased alive on 5/8 19[illegible] and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE, M. D.	23B. ADDRESS	23C. DATE SIGNED
[signature]	2139 [illegible]	5/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/10/49	St. James A.M.E	Havre de Grace, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Elmer E Bullock	

VS 150

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74162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

Registered No. G74162

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wilfred Miller

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williamsport R.F.D. -1-
D. STREET ADDRESS (If rural, give location): R.F.D. -1-

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	1910	39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Miller	Sarah Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs Pearl Miller	Williamsport Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Exsanguination	3 hours
DUE TO (B)	Retroperitoneal hemorrhage	30 hours
DUE TO (C)	Unknown bleeding point	
II	Chronic emphysematous changes	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-1- 1949 *to* 5-8 1949 *that I last saw the deceased alive on* 5-8 1949 *and that death occurred at* 5.35A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert C. Hunter, M.D. C. D.	University Hospital	5-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or county) (State)
Burial	May 11	Greenlawn	Williamsport Washington Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Edwin Leaf	Williamsport Md

VS 150

113

74163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74163 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIE STAUES

2. DATE OF DEATH: MAY 5, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2624 SLOATFIELD AVE

c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: MARYLAND
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20
D STREET ADDRESS (If rural, give location): 2624 SLOATFIELD AVE

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widow
8. DATE OF BIRTH: NOV. 2, 1872
9. AGE (In years last birthday) / If Under 1 Year Months Days / If Under 24 Hours Hours Min.: 76 6 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: MARTIN PENNINGER
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give year or dates of service): NONE
16. SOCIAL SECURITY NO: NONE
17. INFORMANT: GEORGE STAUES
ADDRESS: 2624 SLOATFIELD AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Oedema
DUE TO
(B) Myocarditis (Chronic)
DUE TO
Arteriosclerosis
Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1949 *to* May 5, 1949 *that I last saw the deceased alive on* May 4, 1949 *and that death occurred at* 2:00 P m. *from the causes and on the date stated above.*

23A. SIGNATURE: Mabel C. Waters M.D
23B ADDRESS: 2451 Wilkens
23C. DATE SIGNED: 5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAY 9, 1949
24C NAME OF CEMETERY OR CREMATORY: WESTERN
24D LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR: GEORGE L. SCHWAB
ADDRESS: 2101 FREDERICK AVE

VS 150

937

AB-128375
G74104

CERTIFICATE CORRECTED 8-26-50 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 704

G74104
Registered No.

BIRTH NO BC. 48-00534

1. NAME OF DECEASED (Type or Print) Anna Margaret Bauer

2. DATE OF DEATH May 7-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural) Sparrows Point
D. STREET ADDRESS (If rural, give location) Box 157-Rt-10 zone 19

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 3-1948
9. AGE (In years last birthday) 1yr. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Bauer
14. MOTHER'S MAIDEN NAME Leoma White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT 4940 Eastern Ave. (ADDRESS) Reocrds-Baltimore City Hospitals

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute myelogenous leukemia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1mo.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20- , 1949, *to* 5-7- , 1949 *that I last saw the deceased alive on* 5-7- , 1949, *and that death occurred at* 7.05P m., *from the causes and on the date stated above.*

23A. SIGNATURE A. L. Rogers M.D.
23B. ADDRESS Baltimore City Hospitals
23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/10/49
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn
24D. LOCATION (City, town, or county) (State) Eastern Ave Extended

DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR (ADDRESS) Wm Cook Inc. 217 St. Paul St

MAY 9 1950 1949

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G74165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17

G74165

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Trude Tietze

2. DATE OF DEATH May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3939 Edmondson Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	White	Married	June 20, 1909	39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
physician & surgeon	—	Austria	

13. FATHER'S NAME Berthold Imwald

14. MOTHER'S MAIDEN NAME Josephine Spitzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Union Memorial Hospital	Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastases, generalized

DUE TO

(B) Carcinoma of breast

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
3 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
1946	Carcinoma of breast	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 14, 1949, *to* May 7, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John Lee Green, III M. D.	Union Memorial Hosp.	9 May '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF ~~CEMETERY OR~~ CREMATORY	24D LOCATION (City, town, or county) (State)
Cremation	5/9/49	Green Mount	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	217 E. Fayette St.

VS 150

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GH. 128777

G74166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74166

BIRTH NO. BR-49-0763

1. NAME OF DECEASED (Type or Print): Allen Brent Catherman

2. DATE OF DEATH: May 7- 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 111 Mc Mechen ST. Z 17

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: April 4 1949
9. AGE (In years last birthday): If Under 1 Year: Months, Days: 5 Weeks; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry
14. MOTHER'S MAIDEN NAME: Levada Balyard Or Bolyard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Records B.C.H. ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure
DUE TO
Congenital Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 6- , 1949 *to* 5- 7- , 1949 , *that I last saw the deceased alive on* 5- 7- , 1949 *and that death occurred at* 2.00P *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Cozen M. D.
23B ADDRESS: B.C.H. 4940 Eastern Ave.
23C DATE SIGNED: 5- 7- 49

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Glen Haven
24D LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 127 St. Paul St

VS 150

157E

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

574167 B.C.H. 7707 ✓ 54.4 — Registered No. 574167

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Loretta Johnson — 2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — H 2 B 32

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md — B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18 21

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 918 N. Fayette St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored		4-23-47	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md	

13. FATHER'S NAME: William Johnson

14. MOTHER'S MAIDEN NAME: Edna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital cardiac malformation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac failure

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-6-, 19 49 *to* 5-6-, 1949, *that I last saw the deceased alive on* 5-6-, 1949, *and that death occurred at* 6:20 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Ryan M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-9-49	Mt. Calvary Cem	Baltimore Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Forney O. Hines	1000 Baltimore

VS 150

157E

74168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

581 D

Registered No. 74168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. ELLWOOD AVE.
(c) Hospital or institution: HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE-24-MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. ELLWOOD AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ISABELLE BATTEE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife SAMUEL BATTEE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 30, 1900

8. AGE: Years	Months	Days	If less than one day
48	9		hr. min.

9. Birthplace BALTIMORE - MARYLAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business NONE

FATHER
12. Name James Martin
13. Birthplace

MOTHER
14. Maiden Name Anna Fowler
15. Birthplace

16 (a) Informant Samuel Battee
(b) Address 216 N. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-49 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave + Gay St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

MAY 9 - 1949 (Date rec'd by registrar) Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 6 1949, at 9 AM P M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 20 1949 to MAY 6 1949, and that I last saw HER alive on MAY 6 1949.

Immediate cause of death CIRRHOSIS OF THE LIVER — Duration UNKNOWN

Due to

Due to

Other Conditions CARDIAC DECOMPENSATION (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Houska M. D.
Address 333 S. EAST AVE. Date signed 5/6/49

VS 150

1240

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53.1

Registered No. G74169

BIRTH NO. B.H. 49-27399

1. NAME OF DECEASED (Type or Print): Baby Lara Hutchins

2. DATE OF DEATH: MAY 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days 25

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12 02
D STREET ADDRESS (If rural, give location) 2615 Eutaw Place Apt

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If less than 1 year, last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Infant	7-1-41			25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Hutchins

14. MOTHER'S MAIDEN NAME: Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT JOHNS HOPKINS M[illegible] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral agenesis

DUE TO

(B) Congenital

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2-1949 *to* 5-4-1949, *that I last saw the deceased alive on* 5-4, 1949, *and that death occurred at* 3:58 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE W. E. Gilbert M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B DATE

24C. NAME OF CEMETERY OR CREMATORY Not Decided

24D LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR

ADDRESS

VS 150

157D

741'0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G741'0

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN WAGNER

2. DATE OF DEATH May 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1322 E. Lanvale Street

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1322 E. Lanvale Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Widower	Apr. 9, 1883	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Gas & Electric Co.	Maryland	USA

13. FATHER'S NAME: John Wagner

14. MOTHER'S MAIDEN NAME: Katherine Sell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	212-05-6344	1702 Ramblewood Rd. Mr. Carroll Wagner -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO	Coronary occlusion	48 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Chronic cholecystitis	6 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 15, 1948 *to* May 7, 1949 *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 3 A m., *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. H. Tranger M. D.	1402 E. Lanvale St	May 7 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/9/49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

94a

741?1

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G741?1

Registered No.

1. NAME OF DECEASED (Type or Print): ISABELLA CLOTILDA TUNIS

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5606 LochRaven Blvd.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5606 Loch Raven Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widow	July 31, 1868	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF (WHAT COUNTRY)
Housewife		Maryland	USA

13. FATHER'S NAME: James Redman

14. MOTHER'S MAIDEN NAME: Arrena Stableford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	none	Wm. F. Rennie	5606 Loch Raven Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: May 1/49

DUE TO (B) Cardio - vascular - renal disease

DUE TO (C) arterial Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

arterio - sclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 14 1949 *to* May 6, 1949 *that I last saw the deceased alive on* May 5, 1949, *and that death occurred at* 2.45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm F. Rennie M.D.	732 W. Kenwood Ave	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
entombment	5/9/49	Mount Carmel	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.	BALTIMORE - 13, MARYLAND

VS 150

13/a

741?2

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G741?2
Registered No.

1. NAME OF DECEASED (Type or Print): Dora E. Murray

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1423 Penna. Ave. - W.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1423 Penna. Ave. - W.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 14, 1874
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Levin Conquest
14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Samuel Murray — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertension [illegible]
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Senile [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 15 Mos. / 20 Yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 19[illegible] *to* 6 May, 1949 *That I last saw the deceased alive on* 6 May, 1949 *and that death occurred at* 10½ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ernest P. Carr, M. D.
23B. ADDRESS: 1427 Madison Ave.
23C. DATE SIGNED: 7 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-10-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion Cem.
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: [illegible] Registrar for Baltimore, Md.
25. FUNERAL DIRECTOR: Mrs Frances A Hemsley
ADDRESS: 578 W Biddle

VS 150

121a

G74173

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/3

G74173 Registered No.

1. NAME OF DECEASED (Type or Print) Daniel BO'LOUGHLIN

2. DATE OF DEATH 5/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hosp

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-C
D. STREET ADDRESS (If rural, give location) 101 W. Monument Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
M	W	Married	2/3/1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister	Church	Pennsylvania	USA

13. FATHER'S NAME: EDWARD O'LOUGHLIN

14. MOTHER'S MAIDEN NAME: Rose Mary Moran

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs Jean O'Loughlin ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure
DUE TO Auricular flutter — 6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-
DUE TO Vascular disease — ?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 2 1949 *to* May 7 1949, *that I last saw the deceased alive on* May 7, 1949 *and that death occurred at* 5:55 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Union Mem. Hosp	5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 11 '49.	New Cathedral	Cor. Frederick Road Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	[signature]	John O. Mitchell & Sons	1900 Eutaw Place

VS 150

92D

G74174 ✓610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No. G74174

1. NAME OF DECEASED (Type or Print): Lawrence Krug

2. DATE OF DEATH: 5/6/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2525 Foster Avenue

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 24, Md.
D STREET ADDRESS (If rural, give location): 2525 Foster Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	2/27/77	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attendant	Gasoline Station	Baltimore	USA.

13. FATHER'S NAME: Frederick Krug

14 MOTHER'S MAIDEN NAME: Madeline Goss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No		none	Elizabeth Krug	2525 Foster Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prostatism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Carcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1949 *to* May 6, 1949 *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 845 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
Eugene Zeller, M. D.	2739 Eastern Ave	5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/10/49	Sacred Heart German Hill Road	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Lilly & Zeiler, Inc	403 S. Wolfe St

VS 150

46E

G741'75

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G741'75

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Matuszak (Matosak)

2. DATE OF DEATH May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GENERAL HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Anne Arundel Co. Brooklyn
D. STREET ADDRESS (If rural, give location) 132 Duane Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow		62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME: Joseph Matuszak

14. MOTHER'S MAIDEN NAME: Josephine Adamski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Anna Cremin	2378 Oakly Villiage

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic C. V. D.

DUE TO

(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from* natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Paul L. Reynolds M.D.		May 9 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 11, 1949	Holy Cross	A.A. County

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Wm. S. FIALKOWSKI	2007 Eastern Ave 937

VS 151

G741'76

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58 / a

G741'76 Registered No.

1. NAME OF DECEASED (Type or Print): Mary Lynton

2. DATE OF DEATH: 5-8-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dead on Arrival-Baltimore City Hospitals-4940 Eastern Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1702 E. Baltimore Street 6 05

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13/14
9. AGE (In years last birthday): 36
If under 1 year: Months: Days
If under 24 hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland Maine
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Lorham
14. MOTHER'S MAIDEN NAME: Mary Bridges

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: Baltimore City Hospitals-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cirrhosis of the liver
DUE TO cause undetermined

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

CERTIFICATION APPROVED BY
For: Wm. G. Helfrich M. D.
Chief Asst. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on Arrival *to* Dead on Arrival, 19__, *that I last saw the deceased alive on* Dead on Arrival, 19__, *and that death occurred at* 9.10 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogan M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: 5-8-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/13/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park.
24D. LOCATION (City, town, or county) (State): Balto Co

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Buczynski
ADDRESS: 1402 Eastern Ave

VS 150

To be approved by the Medical Examiner

1242

G741'7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G741'7

1. NAME OF DECEASED (Type or Print): James Gardner

2. DATE OF DEATH: 5/6/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 N. Mount St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 224 North Mount Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Married	3/4/1887	62	2	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West River Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Annie Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Georgianna Gardner ADDRESS: 224 N. Mount St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Renal disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO
(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16-1949 *to* 5-6-1949, *that I last saw the deceased alive on* 5-4-1949, *and that death occurred at* 9.30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. Cargill M. D. M. D.	611 N. Carolina St	5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	5/10/49	Bruer Hill	Annapolis, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949	Timothy [illegible]	Joseph A. Lively	661 W Baltimore St

VS 150

131a

G741?8

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74178

Registered No.

1. NAME OF DECEASED (Type or Print): Helen Betts.

2. DATE OF DEATH: 5/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the Women of Maryland.
c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lutherville
D. STREET ADDRESS (If rural, give location): —

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-21-95
9. AGE (In years last birthday): 54 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Graduate Nurse
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William Royston Betts.
14. MOTHER'S MAIDEN NAME: Harriet Davis Dawson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: —
17 INFORMANT: Miss Marguerite Betts — ADDRESS: Lutherville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebro Vascular Accident
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) 1) Gonorrheal Carcinomatosis - Type Not Known
2) Broncho pneumonia - bilateral lower lobes

INTERVAL BETWEEN ONSET AND DEATH: 3 da.

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1949, to May 6, 1949, *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 2:25 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mark E. Hall, Jr. M. D.
23B. ADDRESS: Womens Hospital - Hall 17 Md.
23C. DATE SIGNED: May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: May-9-1949
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Stewart & Mowen Co. 108 W. North Avenue Baltimore #1, Md.

VS 150

55E

G74179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74179

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Ada O Leach

2. DATE OF DEATH: May 6

3. PLACE OF DEATH:
A. Baltimore City, Maryland 205 N Luzerne
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 205 N Luzerne B. COUNTY Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	single	Aug 26 1880	68	7	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Leach

14. MOTHER'S MAIDEN NAME: Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs Lillian Hearne ADDRESS 205 N Luzerne

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Hypertension Cardio-
DUE TO
(C) Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis Vogel Jr. M. D. | 23B. ADDRESS: 701 E. Monument St. | 23C. DATE SIGNED: 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9/49	Baltimore Cem	Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949 | REGISTRAR'S SIGNATURE: Thurlington Williams, M.D. | 25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS 1008 Orleans

VS 150

93D

74180 Guethler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74180

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Guether

2. DATE OF DEATH: 5-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2015 Old Hanover Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	Oct 31 1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shop foreman	Dairy	D.C.	USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary decompensation — DUE TO

ANTECEDENT CAUSES

(B) Art. Sclerotic C.V. Disease — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) — DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hemathorax

INTERVAL BETWEEN ONSET AND DEATH: 5-8-49

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22-49, 19__, to 5-6-49, 19__, that I last saw the deceased alive on 5-6-49, 19__, and that death occurred at 730 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
B.L. Gardner M.D.	West Baltimore Gen. Hosp.	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 10/49	Parkwood	Balto Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, MD	Weber Funeral Home	2008 Pulaski

VS 150

9-27

74181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74181

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret S. Fink

2. DATE OF DEATH: May 7/49.

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3405 Springdale Ave
c. Length of stay in Baltimore: life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-38
D. STREET ADDRESS (If rural, give location): 3405 Springdale Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Female	W.	Single	July 5, 1870	78				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Balto. Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Wm. Fink	Catherine Scheffner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Wm. Fred. H. Fink	3405 Springdale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic CVD — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 4, 1946, *to* ____, 19__, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 8.30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard Tagge M. D.	3101 W. Baltimore St.	5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 10/49.	Loudon Pk.	3801 Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949	Huntington Williams, M.D.	Harry B. Tintle Co.	4101 Edmondson

VS 150

93

74182

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74182

Registered No.

1. NAME OF DECEASED (Type or Print): FRANK WORLEY WEBB

2. DATE OF DEATH: 5-7-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP.

c. Length of stay in Baltimore: 54 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5014 Greenleaf Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: June 9, 1894
9. AGE (In years last birthday): 54 — 53 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herbert L. Webb
14. MOTHER'S MAIDEN NAME: KATE Lippincott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Cain (sister) ADDRESS: 1639 Northgate Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Insufficiency — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerosis (No occlusion) — DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased on* May 7 *19* 49, *to* , 19 , *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Frank Snyder, III M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: May 7 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-9-49
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: BALTO., MD.

VS 15b

94a

4183 ✓304 306 G74183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT LEE CASH
2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600 S. Chapelgate Lane
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2715 W. Mosher St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 26, 1873
9. AGE (In years last birthday): 75 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: P. R. R.
11. BIRTHPLACE (State or foreign country): Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Cash
14. MOTHER'S MAIDEN NAME: Marjorie Birely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 717-07-7290
17. INFORMANT: Mr. Truman B. Cash — ADDRESS: Westminster, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Generalized Arteriosclerosis	10 YRS?
DUE TO (B)	Senility	?
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Senile psychoses - arteriosclerotic?	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 5, 19 49, *to* MAY 7, 19 49, *that I last saw the deceased alive on* MAY 6, 19 49, *and that death occurred at* 3.25A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melvin H. Borden M. D.
23B ADDRESS: 2030 W. Fayette St. Balt.
23C. DATE SIGNED: 5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/9/49
24C. NAME OF CEMETERY OR CREMATORY: Haugh's Cem.
24D. LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

97

MILBORN ✓

G74184 — BALTIMORE CITY HEALTH DEPARTMENT — 43 — G74184

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or print) — John Milburn Jr.

2. DATE OF DEATH — 5/6/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. Md. b. City

5. (a) NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) — Provident Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) — Baltimore

d. STREET ADDRESS (If rural, give location) — 710 Vine Street

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M.	Col.	Married	June 1891	57	10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Chauffeur		Md.	U.S.A.

13. FATHER'S NAME — John Milburn Sr.

14. FATHER'S MAIDEN NAME — Eliza Winder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Laura Milburn	710 Vine St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-, 1949 *to* 5-6-, 1949 *that I last saw the deceased alive on* 5-6-, 1949 *and that death occurred at* 6:53 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE — A. Brady, M. D. | 23B. ADDRESS — Provident Hosp | 23C. DATE SIGNED — 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, township or county) (State)
Burial	5/9/49	Mt. Calvary	Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Washington Williams, M.D.	A. Halstead	918 Druid Hill Ave

VS 150

G74185

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74185

Registered No.

1. NAME OF DECEASED (Type or Print): BELLE SEVER DOMNEY

2. DATE OF DEATH: 5-5-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1149 N. FREMONT AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1149 - Fremont Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE. 17.
D. STREET ADDRESS (If rural, give location): 1149 N. FREMONT AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
FEMALE	COLORED	WIDOW	8-22-83	65	8 15	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	ATHOL'S, MARYLAND	

13. FATHER'S NAME: EZEKIEL OLIVER

14. MOTHER'S MAIDEN NAME: NANCY V. THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: HARRY LOMNEY - 1149 N. FREMONT AVE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized Arterio Sclerosis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-21, 1949 *to* 5-5, 1949 *that I last saw the deceased alive on* 5-5, 1949 *and that death occurred at* 3:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	1543 Penna Ave.	5/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-9-49	ST. MARKS (PRIVATE)	HARFORD, B. H. CO., MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 9 - 1949	[signature]	A. HALSTEAD - 718 DRUID HILL AVE

VS 150

92D

CERTIFICATE CORRECTED 5-11-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74186 Registered No.

BIRTH NO. G74186

1. NAME OF DECEASED (Type or Print) Darius D. Robinson

2. DATE OF DEATH 5-6-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 520 Gold St.

c. Length of stay in Baltimore 30 yr Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Md. b. COUNTY
c. CITY OR TOWN Balto (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 520 Gold St. 14-03

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Jan. 9, 1880 | 9. AGE (In years last birthday) 69 | If Under 1 Year: Months, Days + 29 | If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lock watchman | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lancaster Co. Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Robinson | 14. MOTHER'S MAIDEN NAME Makalie Coates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None

17. INFORMANT Mary Robinson | ADDRESS 520 Gold St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/0 '49 *to* 5/6 '49 *that I last saw the deceased alive on* 3/6 '49 *and that death occurred at* 4:10 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE Ben R Lutte Jr M. D. | 23B. ADDRESS 2139 Druid Hill Ave | 23C. DATE SIGNED 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/11/1949 | 24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. | 24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Holland Funeral Home | ADDRESS 1631 Druid Hill Ave

VS 150

94a

G74187

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74187

1. NAME OF DECEASED (Type or Print) Frank Allen

2. DATE OF DEATH May 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1109 Madison Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1109 Madison Ave. 14 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Widower	Aug. 1 1876	72	9 6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	—	Woodale, N.C.	U.S.A.

13. FATHER'S NAME Robert Allen

14. MOTHER'S MAIDEN NAME Sallie Reid

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Mary Allen	1109 Madison Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 7 mos ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-29- 1949 *to* 5-7- 1949 *that I last saw the deceased alive on* 5-7- 1949 *and that death occurred at* 6:45 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John E. J. Campes M. D.	639 N. Carey St. Balto.	5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/10/1949	Project Hill	Rolfford, N. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949	Huntington Williams	Holland Funeral Home.	1601 Druid Hill Ave 121a

VS 150

G74188

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16 3

G74188 Registered No.

1. NAME OF DECEASED (Type or Print) William E. Alban	2. DATE OF DEATH May 8, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 503 E. 26th Street	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Life Yrs. Mos. Days	D STREET ADDRESS (If rural, give location) 503 E. 26th Street 9-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Sept. 7, 1893	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Yard Man	Ryan Coal Co.	Baltimore, Maryland	U S A

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Samuel A. Alban	Laura F. Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No		216-01-3661	Mrs. Marie C. Alban	503 E. 26th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

DUE TO

ANTECEDENT CAUSES

B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1948 *to* 5/8 1949, *that I last saw the deceased alive on* 5/7 1949, *and that death occurred at* 7.40 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	4520 Clarks	5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 11, 1949	Beckleysville	Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949	Huntington Williams, MD	Burgee Funeral Home	3631 Falls Road

VS 150

479

CERTIFICATE CORRECTED 3-16-49 ✓ E89-0 G74189

G74189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS A. DARDOZZI — N-968

2. DATE OF DEATH May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4335 Berger Avenue 26 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Married	August 28, 1913	34 35				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocery Clerk	Self	Baltimore - Md	U.S.A.

13. FATHER'S NAME
Frank Dardozzi

14. MOTHER'S MAIDEN NAME
Caroline Montanari

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS
Elizabeth G. Dardozzi 4335 Berger Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	garage	garage at 3611 White Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
5 6 49 10.00 a.m.		Exhaust fumes from running motor

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* [redacted] *accident* ☐, [redacted] *homicide* ☐, *undetermined* ☒

Autopsy, Inspection or Inquiry

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		May 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/10/49	Holy Redeemer Cemetery	Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Howard N. Blight Jr.	6009 Harford Road

Burgess

178c

24

74190 YOUNG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35 3. 3 G74190 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Theodore W. Young

2. DATE OF DEATH 5-6-49

3. PLACE OF DEATH: a. Baltimore City, Maryland Balto Md.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 832 Hampson St HAMPSON

c. Length of stay in Baltimore 44 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Balto Md. b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.

d. STREET ADDRESS (If rural, give location) 832 Hampson st. 14 01

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov. 14 1903

9. AGE (In years last birthday) 44 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elijah W. Young.

14. MOTHER'S MAIDEN NAME Sadie Brooks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -

16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Sadie Young ADDRESS 832 Hampson St

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Epilepsy. — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO

(B) Senile Cerebral sclerosis — 4 yrs.

DUE TO Pulmonary edema &

(C) Respiratory failure.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5 1947 *to* 5-6-1949 *that I last saw the deceased alive on* 5-6, 1949 *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE Kent K. Hamm M. D.

23B. ADDRESS 2224 Maryland Ave

23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/9/49

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn

24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1949

REGISTRAR'S SIGNATURE Courtenay Matthews, M.D.

25. FUNERAL DIRECTOR Geo. H. Kelson

ADDRESS 1303 Pennsylvania Ave

85

VS 150

74191 BALTIMORE CITY HEALTH DEPARTMENT G74191

BIRTH NO. **CERTIFICATE OF DEATH** 331 Registered No.

1. NAME OF DECEASED (Type or Print) Martina San Diego — 2. DATE OF DEATH 5-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1832 - Pa. Ave. 14 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If less than 1 day, If Under 1 Year Months / Days; If Under 24 Hours Hours / Min.)
F	Col.	Single	12-23-90	58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic — 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) — — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME — 14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			James Martin	1832 Penna. Ave.

MEDICAL CERTIFICATION

18. **I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-5- 1949, *to* 5-5, 1949 *that I last saw the deceased alive on* 5-5, 1949 *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
S. E. Brody Jr. M. D.	1832 Penna. Ave.	5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 12 1949	St. Peter's	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, MD	Geo. G. Kelson	1303 Eastern Ave.

VS 150

83a

G74192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74193 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL FARR

2. DATE OF DEATH: May 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Balto. General Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 121 Welcome Alley 22 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	Colored		Feb. 30, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		South Carolina	

13. FATHER'S NAME: Samuel A. Farr

14. MOTHER'S MAIDEN NAME: Mary John

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Geneva Green ADDRESS: 121 Welcome Alley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arteriosclerotic cardio-vascular disease	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Hellan J. McClafferty M.D.		5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9 49	Pikesville	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, MD	Isaiah L Brown Son	108 W Monument St

VS 15F

93D

CH. G744193

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 G744193 Registered No.

1. NAME OF DECEASED (Type or Print): Lucille Stephenson

2. DATE OF DEATH: 5- 4- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 23 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 322 Forest ST. Z 2 02

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29 1900
9. AGE (In years last birthday): 49
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: William Doles
14. MOTHER'S MAIDEN NAME: Julia Darden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Records Balto. City Hospitals ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B)
DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 1 -, 1949, *to* 5- 4-, 1949, *that I last saw the deceased alive on* 5- 4-, 19 49 *and that death occurred at* 8.35 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: G. L. Rosen M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5-4- 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-9-1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Am.
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Kate R. Williams
ADDRESS: 322 N Schroeder St

107

G74194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74194 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Irving J. Rooney Sr.

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 920 E. Chase St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. — B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 920 E. Chase St. 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	Sept. 21, 1889	59	7 14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Talleyman at Dock	Longshoreman	Baltimore Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Rooney	Susan McGrager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-05-1889	Mrs. Ella C. Rooney	920 E. Chase St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Right Parotid Gland — INTERVAL BETWEEN ONSET AND DEATH: 10 Months

DUE TO

(B) Myocarditis & Degeneration Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Sept 8, 1948 to May 6, 1949, that I last saw the deceased alive on May 6 1949, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William R. Engle M.D.	10 E. Biddle St	May 7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 10 49	New Cathedral Cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Register Williams, M.D.	Elmer W. Conklin	924 E. Eager St.

VS 150

55E

G74195
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74195
Registered No.

1. NAME OF DECEASED (Type or Print): Millard D. Ahalt

2. DATE OF DEATH: 5/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 930 E. 41st St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 930 East 41st St.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	married	June 27-1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mld drydock
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alonzo Ahalt
14. MOTHER'S MAIDEN NAME: Hattie Flook.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 215-07-5410
17. INFORMANT: Mary J. Ahalt - ADDRESS: 930 E 41st St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	acute myocardial infarction	30 min.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	arteriosclerotic coronary artery disease	?
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20- 1949 to 4-6- 1949 *that I last saw the deceased alive on* 4-6- 1949, *and that death occurred at* 9:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melvin C. Lang M. D.
23B. ADDRESS: 2117 Belair Rd
23C. DATE SIGNED: 5-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J Leek
ADDRESS: 5305 Harford Rd.

VS 150

94a

G74196

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74196

1. NAME OF DECEASED (Type or Print): VERNON L. BAILEY Jr

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Univ. Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 934 W. Lexington Street 18-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Married	1/13/1922	27	3	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Baltimore, Md	U°S°A°

13. FATHER'S NAME: Vernon Bailey Sr.

14. MOTHER'S MAIDEN NAME: Ruby Woodville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
Yes W.W.#2		Vernon L. Bailey Sr. 934 W.Lex. St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Stab wound of the heart	
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
1	(C)	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Barre & Warner Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 30, 1949 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Sharp instrument

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McCafferty M.D.	[X] / [ ] / [ ]	5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/9/49	Balto. Nat'l. Cem	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR / ADDRESS: Charles G.Cooper-512 N.Carrollton Av

VS 151

167

74197

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

490

G74197

Registered No.

1. NAME OF DECEASED (Type or Print): Fannie Stokes Hamilton

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1328 N. Calhoun St
C. Length of stay in Baltimore: 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1328 N. Calhoun St 15-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C.	Widow	Nov 1, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Abbie Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			James Stokes	1833 Calhoun

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cardiac — Hypertensive disease — ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 4 P *1949 to* May 6 *, 1949 that I last saw the deceased alive on* May 6, 1949 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William H. Watt M. D.	1154 Linden Ave	5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 9/49		Lunenburg County Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949	Huntington Williams, M.D.	Mrs Booth A. Elliott Douglas	1129 N. Carlton St 108

G74198

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54-1

Registered No. G74198

1. NAME OF DECEASED (Type or Print): Abram Jarrett Wilson

2. DATE OF DEATH: 5-9-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hosp

C. Length of stay in Baltimore: 9 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jarrettsville
D. STREET ADDRESS (If rural, give location): White Hall Md. Post Office

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	married	Feb 11 1883	66	2 28	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Wilson

14. MOTHER'S MAIDEN NAME: Rachel Slade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Laura Wilson ADDRESS: Jarrettsville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis, generalized

DUE TO

(B) Perforation, duodenal ulcer — 7 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 5-1-49

19B. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1- , 1949 *to* 5-9- , 1949 *that I last saw the deceased alive on* 5-9- , 1949 *and that death occurred at* 2:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: James McP. Finney M. D.

23B. ADDRESS: Union Memorial Hospital

23C. DATE SIGNED: 5-9-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 11 1949	Bethel	Madonna Md

DATE RECEIVED BY LOCAL REGISTRAR: MY 9-1949

REGISTRAR'S ADDRESS: [illegible] Williamsport, Md

25. FUNERAL DIRECTOR: Charles E. Tyson ADDRESS: Jarrettsville Md

VS 150

1176

74199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

260 G74199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 N. Howard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Roger Effs

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Married

6 (b) Name of husband or wife Virginia Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
33	?	?	hr. min.

9. Birthplace Blackstone, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James D. Effs
13. Birthplace Virginia

MOTHER
14. Maiden Name Bigdis Carter
15. Birthplace Va

16 (a) Informant Herman Effs
(b) Address 1439 Bakes St
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/9/49 (month) (day) (year)
(c) Cemetery or crematory
Location Creare Va
18 (a) Funeral director Mrs. A. Elliott Dept.
(b) Address 1129 N. Carolina St.
19 MAY 9 - 1949 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1949, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 5-6 1949.

Immediate cause of death	Duration
Uremia & cerebral edema	
Due to Hypertensive Cardio-Vasc. Renal Disease &	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry W. Hollies, M.D.
Address Md. Pen. Date signed 5/6/49

VS 150

61

G74200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74200

1. NAME OF DECEASED (Type or Print): Mrs. Mary Biancanello

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

C. Length of stay in Baltimore: 48 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 528 S. Potomac Street

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22. 1879

9. AGE (In years last birthday): 70 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nicola Grande

14. MOTHER'S MAIDEN NAME: Catherine Sandaglia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO:

17. INFORMANT: Raffaele Biancanello ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Arteriosclerosis &

DUE TO hypertension (CVD)

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 30 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1949 *to* May 6, 1949 *that I last saw the deceased alive on* May 6, 1949 *and that death occurred at* 1:25 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Anderson Allen, M. D.

23B. ADDRESS: St. Joseph's Hosp.

23C. DATE SIGNED: 5-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 10. 1949

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town or county) (State): Belair Road; Balto Cty.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wendell J. Leppel ADDRESS:

VS 150

93D

74201 V431 G74201

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) John B. Doerfler

2. DATE OF DEATH May 6, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 3228 O'Donnell St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3228 O'Donnell St. 11

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	7-1-28	20	10 / 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY Adde Chem. Co.

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John J. Doerfler

14. MOTHER'S MAIDEN NAME Margaret Dorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-24-5858

17. INFORMANT John J. Doerfler ADDRESS 3228 O'Donnell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocarditis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1949 *to* May 6, 1949 *that I last saw the deceased alive on* May 6, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE J. Joseph Toohey M. D. | 23B. ADDRESS 441 S. Ellwood Ave | 23C. DATE SIGNED 5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5-10-49 | 24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem. | 24D. LOCATION (City, town, or county) Gorman Mill Rd Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1949 | REGISTRAR'S SIGNATURE Huntington Williams, MD | 25. FUNERAL DIRECTOR Charles S Zirkle | ADDRESS 901 S Conkling St.

VS 150

93a

74202 138722

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

578

Registered No. G74202

1. NAME OF DECEASED (Type or Print): Samuel Weldon

2. DATE OF DEATH: MAY 8 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 28 Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 1227 N. Central Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	married	8-23-90	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tom Weldon.

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: [illegible] HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Myeloid Leukemia

DUE TO

(C) Gangrene of Prolapsed Rectum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-2-49	Gangrene of Rectum	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-2-1949 *to* 5-8-1949 *that I last saw the deceased alive on* 5-8-1949 *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. H. Cooley M. D.	JOHNS HOPKINS HOSPITAL	5-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/12/49		Winnsboro, S. C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	[illegible] Williams, M.D.	Joseph B. Locke, Jr.	130 x N. Central Ave

VS 150

123

CERTIFICATE CORRECTED 5-10-49

G74203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74203

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOWARD M. NORRIS

2. DATE OF DEATH: 5/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2102 Boone Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2102 Boone Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	~~1871~~ 7-7-1870	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pres.	Motor Top Corp.	York Co., Pa.	

13. FATHER'S NAME: John T. Norris

14. MOTHER'S MAIDEN NAME: ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		--	Mrs. Dorothy O'Malley	713 E. 22nd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmhage — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-vascular disease — 4½ yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 29, 1945 *to* May 5, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 6:25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Timmins M. D.	Medical Arts Bldg	5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/7/49	Parkwood	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Lucy Taylor Williams, MD	WIEDEFELD & SON	GREENMOUNT AVE & 22ND

VS 150

931

G74204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74204

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL PUSKAR (GUNNER) SR.

2. DATE OF DEATH May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1623 N. Chapel St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 62 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1623 N. Chapel St.

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH March 25, 1885

9. AGE (In years last birthday. If Under 1 year: Months, Days. If Under 24 Hours: Hours, Min.) 64

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10B. KIND OF BUSINESS OR INDUSTRY Kimble & Tyler

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Michael Puskar, Jr., ADDRESS 1935 Snyder Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease — Interval between onset and death: 1 yr

DUE TO

(B) Myocardial Infarct — May 2/49

DUE TO

Acute Coronary Occlusion — May 8/49

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION None.

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2-49 19 *to* 5-8-49 19 *, that I last saw the deceased alive on* 5-7-49, 19 *, and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE Ed Schimunek M.D. M.D

23B. ADDRESS 842 S Eastern

23C. DATE SIGNED 5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE 5/11/49

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md. ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street

VS 150

921

G74205 1949 G74205

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Cole, John W

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Gen. Hosp
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3320 W. Belvedere Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	W	June 8, 1862	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired (Cigarmaker)		Maryland.	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	—	Mrs. Addie Manger	3320 W. Belvedere Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Carcinoma of the Prostate, Metastatic	more than 2 years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6 May, 1949, *to* 9 May, 1949, *that I last saw the deceased alive on* 9 May, 1949, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE, M. D.	23B. ADDRESS	23C. DATE SIGNED
Marion W. Davis	West Balto Gen Hosp	8 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/11/49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 - 1949	Huntington Williams, M.D.	Loring Byers	502 Park Heights Ave

VS 150

51B

G74206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

561.4 G74206 Registered No.

BIRTH NO. Kilbourne

1. NAME OF DECEASED (Type or Print): John V. Kilbourne

2. DATE OF DEATH: 5-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: 19 Yrs. 27 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 27-04
D. STREET ADDRESS (If rural, give location): 3418 Belvieu Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Feb 14-1866	83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Kent Co Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Katherine Mosher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	Mrs. Helen K. Auer	1801 W. Baltimore St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Intestinal Obstruction	24 hours
	DUE TO	
ANTECEDENT CAUSES	(B) Intraperitoneal hernia	24 hours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4-29-49	Benign Prostatic Hypertrophy	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-22-49, 19 49 *to* 5-5, 19 49, *that I last saw the deceased alive on* 5-5, 19 49 *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Holloway, M.D.	University Hospital Baltimore	5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 9-49	Mt Olivet Cemetery	Balto. Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 9 1949 VS 150	Custis Williams, M.D.	H. Ellsperty Sons	1300 Eutaw

137a

✓ X 583X

G74207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74207 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Ellen Andrews

2. DATE OF DEATH: May 9/1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MARYLAND B COUNTY: BALTIMORE
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): TOWSON
D STREET ADDRESS (If rural, give location): 521 Virginia Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 14, 1883
9. AGE (In years last birthday): 66 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Lutherville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Maglitz
14. MOTHER'S MAIDEN NAME: Mary E. Treadway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis ~~Pneumonia~~
DUE TO
(B) Hepatitis
DUE TO
(C) Unknown Etiology

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH
(A) 2 wks
(B) Several Months
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949 to May 9, 1949 *that I last saw the deceased alive on* May 9, 1949, *and that death occurred at* 5:50 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C. Hunter M. D.
23B ADDRESS: University Hospital
23C. DATE SIGNED: 5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 11, 1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: JOHN BURNS' SONS, ADDRESS: Towson, Md.

VS 150

125B

BIRTH NO. 104543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74208

1. NAME OF DECEASED (Type or Print): Thomas Marlin or Thomas Martin

2. DATE OF DEATH: April 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
C. Length of stay in Baltimore: 27 Yrs. Mos. Dys.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1610 Lanvale St.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep
8. DATE OF BIRTH: March 24, 1883
9. AGE (In years last birthday): 66 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: Abram Marlin
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C.H. ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO

(B) C V A (thrombosis) Rt. Hemiplegia extension — 2 wks.

DUE TO

(C) Cerebral Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Parkinsonism

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6 19 46 *to* 4-17 19 49, *that I last saw the deceased alive on* 4-17 19 49, *and that death occurred at* 1:55 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 4-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): MAY 9 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

R3a

G74209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74209 Registered No. 260

1. NAME OF DECEASED (Type or Print): MRS. LAURA M. MERKLE
2. DATE OF DEATH: MAY 9, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 815 EAST 41ST ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Yrs. 7 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: PRINCE GEORGES
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
D. STREET ADDRESS (If rural, give location): —

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 18, 1893
9. AGE (In years last birthday): 56 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13. FATHER'S NAME: ELIJAH M. MARTIN
14. MOTHER'S MAIDEN NAME: LAURA A. HARRIGAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO: 1 NO
17. INFORMANT: CHARLES P. MERKLE ADDRESS: CLINTON, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 YRS.
DUE TO Hypertensive Cardio Vascular Renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary artery disease — 10 YRS.
DUE TO

(C) Diabetes Mellitus — 10 YRS.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cholecystitis (Chronic) — 8 YRS

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1949 *to* May 9, 1949 *that I last saw the deceased alive on* May 9, 1949 *and that death occurred at* 8 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: Lloyd E. Saylor M. D.
23B. ADDRESS: 3902 Greenmount Ave.
23C. DATE SIGNED: May 10 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 10/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Wash. D.C.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Francis Rollins
ADDRESS: 3821-14th St. N.W. Wash. D.C.

61

74210

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74210

Registered No.

1. NAME OF DECEASED (Type or Print) — Mary Eudora Kinnear

2. DATE OF DEATH — May 8, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 1400 W Lexington St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) — Aged Women and Aged Men's Home

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1400-04 W. Lexington Street 19-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 19-1875
9. AGE (In years last birthday): 74 — If Under 1 Year: Months 1, Days 19 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Home for Aged
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James C. Kinnear
14. MOTHER'S MAIDEN NAME: Mary Bowly Gill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: L. H. Read — ADDRESS: 1400 W. Lexington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis, Cerebro-Vascular — DUE TO
(C) — DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1st, 1949, *to* May 8, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 9.50 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard Edward Day, M. D.
23B. ADDRESS: 4-E-33rd St - 18
23C. DATE SIGNED: May 9, 1949

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Green Mount
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Wm Cook Inc 1217 St. Paul St.

VS 150

83a

BIRTH NO. [illegible] - 128728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74211

1. NAME OF DECEASED (Type or Print) Ida Jackson	2. DATE OF DEATH May 7, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave. C. Length of stay in Baltimore 40 yrs. (Yrs. Mos. Days)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2634 Huron St. 25-22
5. SEX F	6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH ? ? ?
9. AGE (In years last birthday) 60 ? (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Arteriolar Nephrosclerosis
DUE TO
(C)

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Cardio Hypertensive ~~(Order~~ Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4 , 1949, *to* May 7, , 1949, *that I last saw the deceased alive on* May 7 , 1949, *and that death occurred at* 6.45A *m., from the causes and on the date stated above.*

23A. SIGNATURE R. L. Rogers M. D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 5-6-1949
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 9th 49	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn — 24D. LOCATION (City, town, or county) (State) Westport
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph L. Russo — ADDRESS 1200 McCulloh St

VS 150

121a

A252 ✓ 44 ✓ G742112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Sadie Kuhl Kindt**

2. DATE OF DEATH **May 6/49**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2803 Delmont Ave.**

C. Length of stay in Baltimore **60 yrs.** Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **2803 Delmont Ave.** 25-52

5. SEX **Female**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **July 11, 1875**

9. AGE (In years last birthday) **73** | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **H.W.**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Germany**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **------Staab**

14. MOTHER'S MAIDEN NAME **Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Cardiovascular Renal Disease** — INTERVAL BETWEEN ONSET AND DEATH **3 yrs**
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 1 19[illegible], *to* MAY 6, 1949, *that I last saw the deceased alive on* MAY 6, 1949, *and that death occurred at* 10 30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE **Edward A. Mallinckrodt** M. D.

23B. ADDRESS **1847 W. North Ave**

23C. DATE SIGNED **5/9/49**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **May 10/49**

24C. NAME OF CEMETERY OR CREMATORY **Loudon Pk.**

24D. LOCATION (City, town, or county) (State) **3801 Frederick Rd, Balto.**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 10 1949**

REGISTRAR [illegible]

25. FUNERAL DIRECTOR **Harry A. Lutzke**

ADDRESS **4101 Edmondson Ave.**

VS 150

131a

74213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

345 Registered No. G74213

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY LUCY HOFFMAN

2. DATE OF DEATH: MAY 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GERMAN AGED PEOPLES HOME
c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 22 S. ATHOL AVE 2807

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	WIDOWED	AUGUST 23, 1859	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
FRANK S RITTER	—

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		FRANK A. HOFFMAN	628 AUGUSTA AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Multiple Sclerosis. (Slowly progressive)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Henry Waldschmidt, M. D.	933 Hanover St. Balto. Md.	May 9/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 11 1949	NEW CATHEDRAL	OLD FREDERICK RD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	HARRY H WITZKE — WM EDMONDSON	

VS 150

87D

74214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

570.5

G74214 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs Margaret Keller

2. DATE OF DEATH 5-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mem. Hosp. Greene & Jonkins St.

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto. Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.
D. STREET ADDRESS (If rural, give location) 2211 E. OLIVER ST. 8 4

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)

8. DATE OF BIRTH FEB. 19 1881

9. AGE (In years last birthday) 68 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME AUGUST STRAUB

14. MOTHER'S MAIDEN NAME SARAH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT HARRY C. KELLER — 616 E. ST. BALTO. 19 MD. ADDRESS SAME AS P.T.S.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction.

DUE TO Acute dilation of stomach.

(B) hypertension C.V.D.

DUE TO Pulmonary edema.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 5-6-49

19B. MAJOR FINDINGS OF OPERATION obstruction.

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21, 1949, to 5-7, 1949, *that I last saw the deceased alive on* 5/7, 1949, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Howard E. Hall M. D.

23B. ADDRESS Mem. Hosp.

23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE MAY 10 '49

24C. NAME OF CEMETERY OR CREMATORY OAKLAWN

24D. LOCATION (City, town, or county) (State) EASTERN AVE

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR HARRY H WITZKE — ADDRESS 4101 EDMONDSON AVE

VS 150

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4215

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 43 G74215 Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Mary McDonald

2. DATE OF DEATH May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland St. Agnes' Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Agnes' Hospital
C. Length of stay in Baltimore 10 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3132 Wilkens Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Married	4-30-94 May 2 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Nova Scotia	American (U.S.)

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Thompkins	Sarah (Cox) Coady

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT: HUSBAND	ADDRESS
		Louis McDonald	3132 Wilkens Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebro-vascular Accident (Hemorrhage)	10 hrs
DUE TO (B)	Hypertensive cv disease	Yrs
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diabetes Mellitus.	Yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	Home	At home 3132 Wilkens Ave.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY Ooccur?
May 9, 1949 4:09 p.m.		Patient was found in stuporous condition

22. *I hereby certify that I attended the deceased from* 5-9, 1949 *to* 5-10, 1949 *that I last saw the deceased alive on* 5-10, 1949 *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sidney Johnson Trimble Jr. M.D.	St. Agnes Hospital	5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 11/49	St. Patrick	N.E. Margaree Nova Scotia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	Harry A. Witzke	4101 Edmondson Ave

VS 150

61

74216 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0 Registered No. G74216

1. NAME OF DECEASED (Type or Print): ALEXANDER RANDALL

2. DATE OF DEATH: MAY 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3404 ST. PAUL ST.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3404 ST. PAUL ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	MARRIED	JANUARY 17, 1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FINANCE
10B. KIND OF BUSINESS OR INDUSTRY: FINANCE
11. BIRTHPLACE (State or foreign country): CATONSVILLE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BLANCHARD RANDALL
14. MOTHER'S MAIDEN NAME: SUSAN KATHERINE BRUNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR I.
16. SOCIAL SECURITY NO.: 212-01-0646
17. INFORMANT: BERNARD CARTER RANDALL ADDRESS: 3404 ST. PAUL ST.

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cirhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 28, 1947 *to* May 9, 1949, *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 4 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John A. Tischer M.D.
23B. ADDRESS: 103 W. Calvert St.
23C. DATE SIGNED: May 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 11/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co. ADDRESS: 4905 York Rd.

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124 B

G74237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74237

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CATHERINE STEWART

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1719 Lemmon St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1719 Lemmon St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 10, 1865
9. AGE (In years last birthday): 83 yrs. If under 1 year: Months, Days. If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Emrich
14. MOTHER'S MAIDEN NAME: Catherine Hiltner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. John A. Scheuch
ADDRESS: 2757 Winchester St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary atherosclerosis	6 mons
DUE TO (B)	arteriosclerosis	2 yrs
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/4, 1949, *to* 5/8, 1949 *that I last saw the deceased alive on* 5/8, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Wills M. D.
23B. ADDRESS: 20310 Olney
23C. DATE SIGNED: 5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/11/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

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74218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74218

BIRTH NO. 74218 — Registered No. G74218

1. NAME OF DECEASED (Type or Print): CHARLES L. KLEMM

2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 505 Chapel Gate Lane
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 505 Chapel Gate Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	widower	Sept. 11, 1866	82 yrs.		

10A. USUAL OCCUPATION (Give kind of work, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tallow & Grease Busi.	Charles L. Klemm Co.	Baltimore, Md.	

13. FATHER'S NAME: Charles L. Klemm

14. MOTHER'S MAIDEN NAME: Augusta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Mr. Frank E. Klemm	505 Chapel Gate Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Hypertensive cardiovascular renal disease. Old age. — About 2 Yrs.

DUE TO

(C) Acute cholecystitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1947, *to* May 7, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jno C. L. Marr, M. D.	516 Cathedral St.	5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Entombment	5/11/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Washington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

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74219 G74219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH B. MICOU

2. DATE OF DEATH: 5/8/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2117 Denison St.
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2117 Denison St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 24, 1860
9. AGE (In years last birthday): 88 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Micou
14. MOTHER'S MAIDEN NAME: Ann Rawlings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Emma A. Campbell ADDRESS: Silver Springs, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardio-Vascular Renal	4-6 yr.
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Senile Arteriosclerosis	4 6 yr.
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1949 *to* May 8, 1949, *that I last saw the deceased alive on* May 8, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry O. Athey M. D.
23B ADDRESS: 2504 St Paul St.
23C. DATE SIGNED: 5/9/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5/10/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 G74220

BIRTH NO. 1920

1. NAME OF DECEASED (Type or Print) GEORGE EDWARD SAFFRAN

2. DATE OF DEATH 09 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSP

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16
D. STREET ADDRESS (If rural, give location) 1137 POPLAR GROVE ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	WHITE	MARRIED	08 AUGUST 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundry Business	Self	BALTIMORE, MD.	U.S.

13. FATHER'S NAME: John Saffran

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			WIFE ELSIE SAFFRAN	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CEREBRAL HEMORRHAGE WITH ACUTE PULMONARY EDEMA	7 1/2 HRS.
DUE TO (B)	HYPERTENSIVE CARDIOVASCULAR DISEASE	7 YEARS
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5:25PM 8MAY, 1949, *to* 12:04AM 9MAY, 1949 *that I last saw the deceased alive on* 09MAY, 1949, *and that death occurred at* 12:04A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald L. England M.D.	MARYLAND GEN HOSP	09MAY 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/11/49	Cathedral Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	J. J. TICKNER & SONS	Balto., Md.

VS 150

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G74221 128632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74221 Registered No.

1. NAME OF DECEASED (Type or Print): Robert Bohnenberg
2. DATE OF DEATH: May 7 - 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1601 Argonne Drive Z 18

5. SEX: M
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Seperated
8. DATE OF BIRTH: Oct. 17- 1876
9. AGE (In years last birthday): 72 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME: Frederick (D)
14. MOTHER'S MAIDEN NAME: Elizabeth ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records B. C. . ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Cerebral Vascular Accident	
	DUE TO	Arteriosclerosis, Generalized (Severe)	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) DUE TO		
	(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		Bronchopneumonia	1 Week

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4- 30- , 1949, *to* 5- 7- , 1949, *that I last saw the deceased alive on* 5 - 7- , 19 49, *and that death occurred at* 1.35 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Bogan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/10/49
24C. NAME OF CEMETERY OR CREMATORY: Immanuel
24D. LOCATION (City, town, or county) (State): Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR: MAY 9 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: L. Heemann and Son
ADDRESS:

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G741222

STATE NO.

1. NAME OF DECEASED (Type or Print) NATHAN GUMNITZKY

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2638 Oswego ave

c. Length of stay in Baltimore 45 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2638 Oswego ave

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH | 8. AGE (In years last birthday) 79 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin

14. MOTHER'S MAIDEN NAME Flotta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Kate Gumnitzky ADDRESS 2638 Oswego

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — DUE TO — 1 week.

ANTECEDENT CAUSES

(B) Hypertension — DUE TO — indefinite

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1949 *to* May 10, 1949 *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 12-PM., *from the causes and on the date stated above.*

23A. SIGNATURE Nathan Shapiro M.D. M. D. | 23B. ADDRESS 1810 Eutaw Pl. | 23C. DATE SIGNED 5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5-10-49 | 24C. NAME OF CEMETERY OR CREMATORY Rosedale | 24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949 | REGISTRAR'S SIGNATURE Thurlington Williams, M.D. | 25. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2100 Eutaw Pl

VS 150

83a

74223 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E888 3 G74223 Registered No.

1. NAME OF DECEASED (Type or Print): ARTHUR NORTON N-971.0
2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Mercy Hosp.
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 19 W. Barney St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	M	2/28/1914	35				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee Of Th General Chemical Company
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarance
14. MOTHER'S MAIDEN NAME: Hildegarde Rowan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Family - Same ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Parathion Poisoning	
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Chemical Co.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): General Chemical Co., 2000 Race St 23/3
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: May 6.1949 abt. 10 P.m.
21E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCoccur? Parathion Poisoning Inhalation of parathion fumes

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George S. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/11/49	Balto. National	5501 Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCully ADDRESS: 1179 E. Fort Ave.

VS 151

74224 **CERTIFICATE CORRECTED** ✓ E 97° G74224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) George Z. Clark N-968

2. DATE OF DEATH 8 May 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland 3722 Fifth St.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3722 5th St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 3722 Fifth Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	M	3/16/1875	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman		Md.	

13. FATHER'S NAME: Richard G.

14. MOTHER'S MAIDEN NAME: Julia M. Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Family - Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carbon Monoxide Poisoning
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	3722 Fifth Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5 8 49 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Hose from gas stove jet to mouth

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D.		8 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	5/11/49	Cedar Hill	Brooklyn

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	James L. McCeney	130 E. Fort Ave

VS 151 162H

1225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 903 G 74225

Registered No.

DEATH NO.

1. NAME OF DECEASED (Type or Print) MR. JAMES BUCHANNAN YOUNG

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union memorial Hospital
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Pennsylvania
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Freedom
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	1-27-1857	92	3	14		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Young

14. MOTHER'S MAIDEN NAME Rachael Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Daughter, Mrs. Bessie Hartenstein ADDRESS New Freedom, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intertrochanteric Fracture of the Right hip — INTERVAL BETWEEN ONSET AND DEATH 7 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

A. J. McCafferty M. D.
(CORONER OR ASST. MEDICAL EXAMINER)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-6-49	Intertrochanteric Fracture of Right hip	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	Home	New Freedom (his Home)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5-3-49 6 P. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell over backwards to floor

22. *I hereby certify that I attended the deceased from* 5-3, 1949, *to* 5-10, 1949, *that I last saw the deceased alive on* 5-10, 1949, *and that death occurred at* 5:12 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	Union Memorial Hosp	5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May-12-1949	New Freedom	New Freedom, Penna.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Hamilton Williams, M.D.	Jacob Hartenstein	New Freedom, Penna.

VS 150

186a

44726

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 1 2 4

G74226

Registered No.

1. NAME OF DECEASED (Type or Print): GAMBLE CURTIS N-854.0

2. DATE OF DEATH: May 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 524 W. Preston Street 17-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored		Jan. 11, 1943	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elon Gamble
14. MOTHER'S MAIDEN NAME: Carrie Gamble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Carrie Gamble ADDRESS: 524 Preston St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage
DUE TO
(B) Contused Wound Cheek
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 500 Blk. W. Preston Street 17/2
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8, 1949 3:15 P. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Earl L Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-13-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918-170 Druid Hill Ave

VS 151

74227 ✓ X 54 G74227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-10946 Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY DE FONTES

2. DATE OF DEATH 11.27 A.M. MAY 8 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Balto. Gen. Hosp.
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 107 Selfridge Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W	S	MAY 5, 1949	0	4	11 / 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John De Fontes
14. MOTHER'S MAIDEN NAME Twila V. Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO
17. INFORMANT Father - ADDRESS 107 Selfridge Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CONGENITAL HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 4 days.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PREMATURITY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
NONE	—	YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NONE		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY 5, 19 49 *to* May 9, 19 49 *that I last saw the deceased alive on* May 9, 19 49 *and that death occurred at* 11:27 *a. m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis L. Greenbrier, M. D.	W. Balto. Gen. Hosp.	May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/10/49	Parkwood	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	Leonard J. Ruck	5305 Harford.

VS 150

157E

Dr. Gordy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 G74228

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Emma E. Wright

2. DATE OF DEATH: May 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3202 Evergreen Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3202 Evergreen Avenue 2-44

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widowed	Dec. 27, 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
at home		Maryland	

13. FATHER'S NAME: George Maben

14 MOTHER'S MAIDEN NAME: Maggie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Clifton P. Wright,	3202 Evergreen

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years
DUE TO
(B) Hypertension — 10 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-2, 1949, to 5-9, 1949, *that I last saw the deceased alive on* 5-8, 1949, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. C. Gordy M. D.	5106 Harford Road	5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/11/49	Parkwood	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	Leonard J. Ruck,	5305 Harford Rd.

VS 150

927

Mr. Haase

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74229

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Philip Nicolas

2. DATE OF DEATH 5-8-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2820 Hamilton Avenue

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2820 Hamilton Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	single	Jan. 28, 1864	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Nicolas	Helena Kimmel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mrs. Geo. T. Evans	2820 Hamilton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary edema
DUE TO
(B) Arteriosclerotic C.V.D.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Chronic bronchitis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 5, 1949, *to* May 8, 1949, *that I last saw the deceased alive on* May 8, 1949, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	[illegible]	May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-11-49	Oaklawn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	Leonard J. Ruck	5305 Harford Road.

VS 150

93D

74230 — E 9030 — G74230

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Katherine Black — N-865.0

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 53 Years / Months / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: Howard Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodbine, Md.
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	1-30 1862	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife		Maryland	USA

13. FATHER'S NAME: Evan A Jones

14. MOTHER'S MAIDEN NAME: Rachel Riggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B) Fracture of pelvis — 53 days
DUE TO
(C) Hypertensive Cardio-Vascular Disease — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

CERTIFICATION APPROVED BY
William J. McClafferty M.D.
CORONER OR STATE MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (Give exact location)
Fracture of pelvis	Home	Woodbine Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
March 18, 1949 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Fell to floor

22. *I hereby certify that I attended the deceased from* March 19, 1949, *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank Supplee, Jr. M. D.	Union Memorial Hosp	5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 13, 1949	Cherry Grove Cemetery	Howard County Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	C. M. Welty Jr.	Winfield, Md.

VS 150

186a

4331 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74231 Registered No.

1. NAME OF DECEASED (Type or Print): Nellie T. Bubnis

2. DATE OF DEATH: 5/9/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 1342 Washington Blvd.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: Life 52 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1342 Washington Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Married	June 20, 1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	At home	Baltimore	

13. FATHER'S NAME: Vincent Kolitas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Vincent Bubnis	1342 Washington Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 HOURS
DUE TO ARTERIOSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARDIO-VASCULAR-RENAL DISEASE — 2 YR
DUE TO ARTERIOSCLEROSIS

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 7 FEB 1947 to 9 MAY 1949 that I last saw the deceased alive on 6 MAY 1949 and that death occurred at 8:40 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward F. Nolan M. D.	682 WASHINGTON BLVD	10 MAY 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/13/49	New Cathedral Cem.	4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25B. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	John L. Corran Co	901 Hollins St.

VS-150

1310

74232
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 97?.0 G74232

1. NAME OF DECEASED (Type or Print) MILDRED L. SHAW N-968

2. DATE OF DEATH May 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 625 St. Paul Street 11 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white		Sept 1, 1912	36		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None		Wyoming	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H. D. Lynn	Margaret McPhillamy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	James W. Shaw	625 St Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to inhalation of illuminating gas.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 625 St. Paul St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 9 49 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Gas burners on stove on but unlit

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE George A. Merrill M.D.

23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C DATE SIGNED May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/9/49		Sheridan Wyoming

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		Paul E. Schmuck Jr.	3615-17 Lehmert Ave

VS 151

162 H

G74233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 3 4 8 G74233 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT Edward PATTON — 990
2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found: Harbor at the foot of Ann St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yonkers
D. STREET ADDRESS (If rural, give location): 170 Winnifred Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	Single	10/11/23	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman		New York	

13. FATHER'S NAME: John M. Patton
14. MOTHER'S MAIDEN NAME: Mary E. McCormack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes World War II	723-76-6317	Sgt. Arthur Wm. Patton	504 Adams Place Falls Church Va

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	harbor	Found: Foot of Ann St. 2/?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Found: 5 7 49 1.50 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Probable accidental drowning

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒ probable, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Earle Roger M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	May 13-49	Gates of Heaven	Elizabeth N. J.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Armacost — ADDRESS: 3911 Liberty Hgts Ave.

VS 151

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G74234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Reg. No. 1 G74234 — Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Matilda Maud Kelson — 2. DATE OF DEATH: 5/6-49

3. PLACE OF DEATH: a. Baltimore City, Maryland 2414 Woodbrook

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Bal. Co.

4a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto Co

4d. STREET ADDRESS (If rural, give location) 2414 Woodbrook 13 03

4e. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: april 7, 1886 — 9. AGE (In years last birthday): 63 — If under 1 Year: Months Days — If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Fowler — 14. MOTHER'S MAIDEN NAME: Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: George G. Kelson — ADDRESS: 1615 Westwood ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1 19~~49~~ *to* 5/6 19~~49~~ *that I last saw the deceased alive on* 5/6 19~~49~~ *and that death occurred at* 7 *m. from the causes and on the date stated above.*

23a. SIGNATURE: Bell R Lutte Jr M.D. — 23b. ADDRESS: 2139 Arnold Rd — 23c. DATE SIGNED: 5/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: may 11, 1949 — 24c. NAME OF CEMETERY OR CREMATORY: mt auburn — 24d. LOCATION (City, Town, or County) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949 — REGISTRAR'S SIGNATURE: Washington Williams, M.D. — 25. FUNERAL DIRECTOR: Robert L. Young — ADDRESS: 1216 E. Caroline St

94a

G24235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 81 : 4 — Registered No. G24235

1. NAME OF DECEASED (Type or Print): Ora Jones — V-854.0 — 2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Un. Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Un. Hosp.
C. Length of stay in Baltimore: Life (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1536 Shields Place — 14-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	M	8/9/1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Chas. Smith
14. MOTHER'S MAIDEN NAME: Sarah Hackett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Ada Pitts — ADDRESS: 1108 Mosher St. Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Extra Dural Hemorrhage
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Greene & Lombard Streets
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): April 17, 1949 9 A m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto 4/2

22. *I certify that I took charge of the remains described above, held an* _____ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Earl Hoyer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 4 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/12/49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949
REGISTRAR'S SIGNATURE: Lucington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. C. Kelson — ADDRESS: 1303 Presstman St.

VS 151

170 c

74236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55

G74236

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Connie Mae Bowman

2. DATE OF DEATH 5-7-49

3. PLACE OF DEATH: a. Baltimore City, Maryland Sydenham Hospital

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sydenham Hospital

c. Length of stay in Baltimore 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 839 W. Fayette St

5. SEX F.

6. COLOR OR RACE C

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH 5-28-47

9. AGE (In years last birthday) 1 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Morris Taylor

14. MOTHER'S MAIDEN NAME Viola Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Viola Bowman ADDRESS 839 W. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Diphtheric Myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 29 days.

19A. DATE OF OPERATION 4-10-49

19B. MAJOR FINDINGS OF OPERATION Diphtheric membrane in Trachea

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street location) —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1949 to 5-7, 1949 *that I last saw the deceased alive on* 5-6, 1949 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23A. SIGNATURE C. E. Bayhead M.D. M. D.

23B. ADDRESS Sydenham Hospital

23C. DATE SIGNED 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 10, 1949

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn

24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Mrs Katie L. Williams

ADDRESS 322 N. Schroeder St

VS 150

10

74237

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G742237 Registered No.

1. NAME OF DECEASED (Type or Print): HARRIET JACKSON

2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 310 N. Arlington Ave

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 310 N. Arlington Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Widow	9-10-1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Preacher		Virginia	U.S.A.

13. FATHER'S NAME: George Costen

14. MOTHER'S MAIDEN NAME: Hamlett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO			Raymond Gunter	310 N. Arlington Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		5-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 10, 1949	Mt Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	Mr Kate R. Williams	3224 Edmondson Ave

VS 151

937

74238 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0.5 G74238 Registered No.

1. NAME OF DECEASED (Type or Print) Elliott Smith

2. DATE OF DEATH 5/9/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

C. Length of stay in Baltimore 11 yrs Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 575 South Paca St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Married	3/10/17	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handy man		South Carolina	USA

13. FATHER'S NAME Elliot Smith

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-12-4859

17. INFORMANT Elliott Smith ADDRESS S. Paca St.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Renal fa...

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/... 19..., to ... 19..., *that I last saw the deceased alive on* 5/... 1949 *and that death occurred at* 5:... A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. W. Hoffler M. D.	Provident Hospital	5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/12/49		Manning South Carolina

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Curtis Worthington Williams, M.D.	Isaac L Brown Son	108 W Montgomery

VS 150

122 R

G74239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

584

Registered No. G74239

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Nowakowski

2. DATE OF DEATH May 7, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Maryland General Hosp

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. Length of stay in Baltimore 52 y (ars) Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 2025 E Pratt Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Restaurant	Poland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincent Nowakowski	Katherine Jaskulski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—		Mrs Wanda Nowakowski	W. [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) UREMIA & convulsions & Terminal Gastro intestinal hemorrhage	6-8 mos & convulsed 4-1 chronic uremia
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Hypertensive arteriosclerotic Cardio-Vascular renal disease.	10-15 years
	and (C) Diabetes mellitus	? Years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chronic cholecystis & lithiasis	Known for 3-4 months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-28-49	Innumerable stones & chronic cholecystitis (Cholecystectomy & cholelithotomy)	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-13, 1949 *to* 5-7, 1949 *that I last saw the deceased alive on* 5-7, 1949 *and that death occurred at* 8:11 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marguerite Lucien Candler M. D.	Maryland General Hospital	5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	April 11/49	Holy Rosary	Balto. County

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, MD	John H. Weber	401 S. Chester St

HMA VS 150

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74240 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E875.0 Registered No. 674240

1. NAME OF DECEASED (Type or Print): William L. Casey N-925.4

2. DATE OF DEATH: May 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2213 Henneman Ave. 8 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Jan. 9, 1908	41		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cab Driver		Baltimore, Md.	USA

13. FATHER'S NAME: Wm. L. Casey

14. MOTHER'S MAIDEN NAME: Florence George

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-05-7866	Anna May Casey	2213 Henneman St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anaphalactic shock due to

DUE TO

(B) ingestion of sulfonamide

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Home	2213 Henneman Ave. 8/4

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 7, 1949 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Ingestion of sulfa tablets

22. *I certify that I took charge of the remains described above, held an* Hospital Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Earl L. Kruger M.D.		may10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 11 1949	New Cathedral	Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 10 1949	Huntington Williams, M.D.	John A. Moran	3000 E. Baltimore St.

VS 151

179X

G74241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74241

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clarence J. Chalkley
2. DATE OF DEATH: 5-9-49
3. PLACE OF DEATH: a. Baltimore City, Maryland — b. FULL NAME OF HOSPITAL OR INSTITUTION: 612 Cator Ave
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland — B. COUNTY — C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — D. STREET ADDRESS (If rural, give location): 612 Cator Ave 9-01
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1897
9. AGE (In years last birthday): 51 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clarence H. Chalkley
14. MOTHER'S MAIDEN NAME: Helen Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Theresa M. Chalkley — ADDRESS: 612 Cator Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO: Arteriosclerosis

(B) Myocardial Fibrosis — ?

DUE TO: Pulmonary Edema

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Obesity

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1949 *to* May 9, 1949 *that I last saw the deceased alive on* May 8, 1949, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: K. Krulevitz, M. D. — 23B. ADDRESS: 244 N. Milton St. — 23C. DATE SIGNED: 5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 5-11-49 — 24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill — 24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 10 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balto. St.

VS 150

937

G74252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74252 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ERNEST STARKEY DANCE

2. DATE OF DEATH 5/9/49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore 19 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. b. COUNTY BALTIMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
d. STREET ADDRESS (If rural, give location) 566 RADNOR AVE. 57-10

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 12-16-85

9. AGE (In years last birthday) 63 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ELI SCOTT DANCE

14. MOTHER'S MAIDEN NAME SUSAN REBECCA JENKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT PATIENT - history. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lymphoma (Probably Lymphosarcoma involving Mediastinal + Retroperitoneal Lymph nodes + infiltration into

DUE TO

(B) Stomach wall.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21 1949 *to* May 9, 1949, *that I last saw the deceased alive on* May 9, 1949, *and that death occurred at* 7:37 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE J. Frank Supplee Jr M. D.

23B. ADDRESS Union Memorial Hosp.

23C DATE SIGNED 5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Old Harford Glover Co

24D. LOCATION (City, town, or county) (State) Harford Co Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR John C Moran

ADDRESS 3000 E Baltimore St

VS 150

5-5E

G74243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

Registered No. G74243

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Christopher H Guckert

2. DATE OF DEATH: May 9 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 N. Clover St.

C. Length of stay in Baltimore: Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 405 N Glover St — COUNTY: 6-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md.
D. STREET ADDRESS (If rural, give location): 405 N Glover St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 17 1879
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Gas Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Guckert
14. MOTHER'S MAIDEN NAME: Josephine C Funk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Cecilia A Guckert — ADDRESS: 405 N Glover St

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 Hour

DUE TO

(B) Cerebral Hemorrhage — 1½ Yrs.

DUE TO

(C) Hypertension — 5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25- , 19 47 *to* 5-9- , 19 49 *that I last saw the deceased alive on* 5-9- , 19 49 *and that death occurred at* 10:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benj. B. Moore M.D.
23B. ADDRESS: 948 N. Eutaw Ave
23C. DATE SIGNED: 5/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-12-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY: MAY 10 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: John C Moran — ADDRESS: 3000 E Baltimore

MEDICAL CERTIFICATION

VS 150

94a

74244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 G74244 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DANIEL PITTMAN

2. DATE OF DEATH 5/7/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MD.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. #2
d. STREET ADDRESS (If rural, give location) 114 N. Bond St.

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Feb. 6, 1893 | 9. AGE (In years last birthday) 56 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Pittman | 14. MOTHER'S MAIDEN NAME Clara (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT FRIENDS AT same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerular Nephritis — Years

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive CV Disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/16 1949 *to* 5/7 1949 *that I last saw the deceased alive on* 5/7 1949 *and that death occurred at* 7:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth M. Smilow M. D. | 23b. ADDRESS Mercy Hospital | 23c. DATE SIGNED 5/10/49.

24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY University Medical School | 24d. LOCATION (City, town, or county) (State) MAY 10 1949

DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Commissioner of Health | ADDRESS

VS 150

1216

74245 ✓ G74245

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6698

1. NAME OF DECEASED (Type or Print): Georgia Fisher

2. DATE OF DEATH: 5-6-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1315 Mosher ST.
c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
d. STREET ADDRESS (If rural, give location): 1315 Mosher St.

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 6-11-1875
9. AGE (In years last birthday): 73 | If Under 1 Year: Months / Days | If Under 24 Hours: Hours / Min.: 10 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Graysonville Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Washington
14. MOTHER'S MAIDEN NAME: Sallie Griffin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: -
17. INFORMANT / ADDRESS: Sadie Dorsey-1315 Mosher -St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: over 2 years
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1- , 1947 *to* 5-6- , 1949 *that I last saw the deceased alive on* 5-6- , 1949 *and that death occurred at* 7.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank A. Saunders M. D.
23b. ADDRESS: 1029 N. Stricker St.
23c. DATE SIGNED: 5-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): 6-11-49
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Bryan Chapel
24d. LOCATION (City, town, or county) (State): Graysonville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Samuel W. Sullivan, Jr.
ADDRESS: Balto.

VS 150

93E 1011 N. Arlington Ave

74246

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 181.0 G74246 Registered No.

1. NAME OF DECEASED (Type or Print)	HUGH R. MINTER	N-853	2. DATE OF DEATH: May 10, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland	B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 38 E. 25th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore	
c. Length of stay in Baltimore: Yrs. / Mos. / Days		D. STREET ADDRESS (If rural, give location): 38 East 25th Street	12-6
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Apr 6 1895
9. AGE (In years last birthday): 54	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Salesman	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Columbia S C	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 213-01-9989	17. INFORMANT: Margaret E Minter, ADDRESS: 38 E 25th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bullet-wound of brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Acute alcoholism

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 38 East 25th Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: 5 10 49 2p. m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR? firearms

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George L. Merrill, M.D.	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C DATE SIGNED: 5-10-49
24A. BURIAL / CREMATION / REMOVAL (Specify): Burial	24B. DATE: 5/13/49.	24C. NAME OF CEMETERY OR CREMATORY: National
24D. LOCATION (City, town, or county) (State): Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949	REGISTRAR'S SIGNATURE: Huntington Williams, M.D.	25. FUNERAL DIRECTOR: William E Lee ADDRESS: 1217 E Fayette St

VS 151

164 C

7742:7 ✓ X 6 G7742:7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH E 97 F

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): MILTON Peter JANSSEN — N-804.4 — 2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Stafford Hotel
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (DOA) Mercy Hospital
c. Length of stay in Baltimore: Yrs. / Mos. / Days: 1 day

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Louisiana
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Orleans
D. STREET ADDRESS (If rural, give location): 1100 N Lopez - New Orleans La

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	married	May 1, 1902	47				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman C.P.A.	Accountancy	New Orleans, La.	U.S

13. FATHER'S NAME: Louis W. Janssen
14. MOTHER'S MAIDEN NAME: Charlotte Hans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no		Dr. Louis Monte	New Orleans, La.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture, skull.
DUE TO Sub arachnoid hemorrhage.
(B) Fractures, dorsal vertebrae multiple
DUE TO Rupture, inferior vena cava
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] ~~CAUSE OF~~ DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): hotel
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Charles & Madison Ave. Stafford Hotel
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 10 49 9.30 a.m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Possibly jumped from 6th flr. win.

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5-11-49	Greenwood	New Orleans La

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Turlington Williams, M.D.
25. FUNERAL DIRECTOR: Steward Mortuary
ADDRESS: Balto.

VS 151

164 E

74248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74248

BIRTH NO. 177 Registered No.

1. NAME OF DECEASED (Type or Print): ROBERT JOHN HALL

2. DATE OF DEATH: May 9, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor Beck's Clinic
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4522 Mannasota Avenue 26 07

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15, 1881
9. AGE (In years last birthday): 67 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, Manager
10B. KIND OF BUSINESS OR INDUSTRY: Curtis Candy Co,
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Hall
14. MOTHER'S MAIDEN NAME: Nancy ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 325 -03-9759
17. INFORMANT: 4522 Mannasota Ave. Mrs. Robert J. Hall -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinomas to lungs & carcinoma of Spine 1½ yrs before — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

(B) Prostatic Carcinoma - — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): none
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1946 *to* May 9, 1949 *that I last saw the deceased alive on* May 9, 1949, *and that death occurred at* 2:20 A m., *from the cause and on the date stated above.*

23A. SIGNATURE: Nathaniel M Beck M.D.
23B. ADDRESS: 100 E. 23rd St Balto #18
23C. DATE SIGNED: May 9

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 11, 1949
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC
ADDRESS: BALTIMORE - 13, MARYLAND

VS 150

51B

74249 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 9 F 10 G74249 Registered No.

1. NAME OF DECEASED (Type or Print): HARVEY NORRIS N. 803 ✓

2. DATE OF DEATH: May 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 540 N. Pulaski Street 20 02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Divorced	1903	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: albert norris
14. MOTHER'S MAIDEN NAME: Louise Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: albert norris ADDRESS: 1635 Division St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of Skull -
(B) Intra-cranial hemorrhage

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 540 N. Pulaski Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 9, 1949 2:15 A. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Struck on head with an ax

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: [signature] M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/12/49
24C. NAME OF CEMETERY OR CREMATORY: Lancaster Co. Va.
24D. LOCATION (City, town, or county) (State): Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelson ADDRESS: 1303 Presstman St.

VS 151

167 ✓

74250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74250 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sophie Rathner

2. DATE OF DEATH 10 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4237 Park Heights Ave.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15, 3
D. STREET ADDRESS (If rural, give location) 4237 Park Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Married		72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel

14. MOTHER'S MAIDEN NAME Minnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Myra Klein ADDRESS 2426 Shirley Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 3yrs.

DUE TO

(B)

DUE TO

(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE Wm. M. Kammer Jr. M.D.

23B CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED 10 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-11-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

VS 151

61

74251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9720 G74251

Registered No.

1. NAME OF DECEASED (Type or Print): Cecilia Buck Bochniak — V 968

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2603 3404 Chesterfield Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Married	Nov 14 1912	36		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	at Home	Baltimore	U.S.A.

13. FATHER'S NAME: Stanley Kucicki

14. MOTHER'S MAIDEN NAME: Rose Kopuszka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	none	Frank Buck	3404 Chesterfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon Monoxide

DUE TO

(B) Poisoning

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mental despondency

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3404 Chesterfield Ave.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8 1949 6:20P.M.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Head in oven-Oven on but unlit

22. *I certify that I took charge of the remains described above, held an* Insp/ &In. *Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L. Reuter M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	May 12	Holy Rosary	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Fred W. Ozazewski ADDRESS: 1930 Eastern Ave

VS 151

163H

74252 G74252

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331 Registered No.

1. NAME OF DECEASED (Type or Print): Daisy A Fell

2. DATE OF DEATH: May 9-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland — Baltimore Md.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 421 Scott St.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 421 Scott Street 21-01

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Nov 13-1886
9. AGE (In years last birthday): 62 (If Under 1 Year: Months 5, Days 26; If Under 24 Hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Helper

11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Patrick Wall

14. MOTHER'S MAIDEN NAME: Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-09-6092

17. INFORMANT: William Fell ADDRESS: 3219 McElderry St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* May 9, 1949 *that I last saw the deceased alive on* May 9, 1949, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis J Flanagan M. D.
23b. ADDRESS: 826 Washington Blvd
23c. DATE SIGNED: 5/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-1949
24c. NAME OF CEMETERY OR CREMATORY: Loudon Pk. Cem.
24d. LOCATION (City, town, or county) (State): Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Lanasa's Sons ADDRESS: 1013 Greenmount Ave

VS 150

83a

CERTIFICATE CORRECTED 5-16-1949

74253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

490

G74253 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Dorn

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Women's Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 3506 E. Pratt St. 26 C 8

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH July 1, 1879

9. AGE (In years last birthday) 69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Groskopf

14. MOTHER'S MAIDEN NAME Bennett, Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Mrs. Harris Gallion, ADDRESS 3506 E. Pratt St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia of Rt. upper lobe & Lt. upper & lower lobes — INTERVAL BETWEEN ONSET AND DEATH 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9-49, 19__, *to* 5-10-49, 19__, *that I last saw the deceased alive on* 5-9-49, 19__, *and that death occurred at* 5:50 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE H. C. Decker M. D.

23B. ADDRESS Women's Hospital

23C. DATE SIGNED 5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 13/49

24C. NAME OF CEMETERY OR CREMATORY Mt Carmel

24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Philip Henry Sons, ADDRESS 2029 Eastern Ave

VS 150

108

42:54 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58 4 — G742:54 Registered No.

1. NAME OF DECEASED (Type or Print): IDA. HOFFMAN.

2. DATE OF DEATH: MAY 10, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — MARYLAND GENERAL

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 48 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4310 Springdale Ave 28 02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Russia	

13. FATHER'S NAME: Israel Gradman

14. MOTHER'S MAIDEN NAME: Florence Joffe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Irvin M Hoffman	4310 Springdale Ave

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL FAILURE

DUE TO

(B) Chronic Cholicystitis

DUE TO

(C) with Cholilithiasis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 2, 1949.	Gall Stones	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/29 *19*49, *to* May 10, *19*49 *that I last saw the deceased alive on* May 10, *19*49, *and that death occurred at* 2:45 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Anthony L. Perone M. D.	M. G. Hospital	May 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 12, 1949	Windsor Mill Road	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	[illegible]	Sol Levinson & Bros	W North Ave 1126

VS 150

126

GM. 85655
G742255

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 491

G742255 Registered No.

1. NAME OF DECEASED (Type or Print): Ambrose Leonard Or Ambrose Lennon

2. DATE OF DEATH: 5- 10-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-4
D. STREET ADDRESS (If rural, give location): 221 N. Wolfe St.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ? ? 1864
9. AGE (In years last birthday): 35
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tom Lennon (D)
14. MOTHER'S MAIDEN NAME: Sally Waine (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 10 Dys

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12- 27 -, 1943, *to* May 10-, 1949 *that I last saw the deceased alive on* 5- 10 1949, *and that death occurred at* 5. 30A m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Crozer M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/11/49
24C. NAME OF CEMETERY OR CREMATORY: Balto Cemetery
24D. LOCATION (City, town, or county) (State): North Ave. & Gay St.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson St.

VS 150

107

G742256

128706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert Parker

2. DATE OF DEATH: May 8- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 913 Argyle Ave.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 1893 ?
9. AGE (In years last birthday): 56 ?
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Florence Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B.C.H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subacute Bacterial Endocorditis — Interval between onset and death: 1 Mo.
DUE TO
(B) Rheumatic Heart Disease — 1 Yr.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Cerebral Emboli with Right Hemiparesis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 3- , 1949 *to* 5- 8- , 1949, *that I last saw the deceased alive on* 5- 8- , 1949, *and that death occurred at* 9.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. L. Rogers M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5- 9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/13/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balt'
25. FUNERAL DIRECTOR: James A Hayes
ADDRESS: 142 W Fay St

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Twitington for Williams, MD

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G742257 G742257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AGNES HORNACK

2. DATE OF DEATH: 5-9-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6704 BESSEMER AVE.

C. Length of stay in Baltimore: UNKNOWN (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26 06
D. STREET ADDRESS (If rural, give location): 6704 BESSEMER AVE.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 4-1880
9. AGE (In years last birthday): 68 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): AUSTRIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PAUL CHYNORANSKY
14. MOTHER'S MAIDEN NAME: CATHARINA MICHAEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No NONE
16. SOCIAL SECURITY NO: NONE
17. INFORMANT: FREDERICK HORNACK ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	myocarditis, acute	2 days.
DUE TO (B)	myocarditis, chronic	3 yrs.
DUE TO (C)	Arteriosclerosis, hypertension	15 yrs.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1946 *to* May 9 1949, *that I last saw the deceased alive on* May 9 1949, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ford H. Andrews M.D.
23B. ADDRESS: 2 Randolph Randall 22nd
23C. DATE SIGNED: 5/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5-13-1949
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 11 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Gilbert Zeiler Inc
ADDRESS: 403 S. WOLFE

93D

G74258 G74258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. G74258 Registered No.

1. NAME OF DECEASED (Type or Print): THELMA BELLE JANKOWSKI
2. DATE OF DEATH: 5/9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 729 Newington Ave.
C. Length of stay in Baltimore: Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2426 Linden Ave.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
female	white	Divorced	Aug. 3, 1895	53 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
housekeeper		Pennsylvania	

13. FATHER'S NAME: Frank Holmes
14 MOTHER'S MAIDEN NAME: Lula Stauffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no		no	Mrs. Virginia H. Newton	2426 Linden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Davis M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/13/49	Meadowridge Cem.	Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Huntington Williams, M.D.	WM. J. TICKNER & Sons	Balto., Md.

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G74259 BALTIMORE CITY HEALTH DEPARTMENT G74259

CERTIFICATE OF DEATH 175

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) MINA BELLE KLOFFENSTEIN — 2. DATE OF DEATH May 9, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1136 Montpelier Street
c. Length of stay in Baltimore life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1136 Montpelier Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
female	white	single	Aug. 31, 1875	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Hall Motors Co.	Baltimore, Md.	

13. FATHER'S NAME: Philip Kloffenstein
14. MOTHER'S MAIDEN NAME: Henrietta E. Nelker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		217-07-2592	Mr. Harry G. Kloffenstein	1136 Montpel- ier St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Ovary — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-18-49	Carcinomatosis	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1939, 19__, *to* 5-9, 1949, *that I last saw the deceased alive on* 5-9, 1949 *and that death occurred at* 11:25 Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Ewald Jr. M. D.	36 York Court	5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/12/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Washington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

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G74260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/58 G74260 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY PERRY SMITH

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3610 Eversley Ave.
c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3610 Eversley Ave. 16 08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	widow	Aug. 29, 1873	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	

13. FATHER'S NAME: John Perry

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no--			Mr. William C. Smith	2934 Clifton Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Post Peritoneal & Rectum Carcinoma	July 27-48
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 27 - 1948	Carcinoma Post Peritoneal	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 15, 1948 *to* May 7, 1949 *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Anthony Davis M. D.	900 W 33rd St	5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/13/49	Louden Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949		WM. J. TICKNER & SONS	Balto., Md.

MEDICAL CERTIFICATION

Transcription for [illegible]

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G74261 BALTIMORE CITY HEALTH DEPARTMENT 43 G74261

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Stella Brown

2 DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: all life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 633 Central (N) Ave.

5. SEX	6 COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	Married	5-5-98	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore md	U.S.A.

13. FATHER'S NAME: Arnold Chase

14. MOTHER'S MAIDEN NAME: Victoria Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Edward Brown	633 N. Central Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive C.V. Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* I. Sp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Carl L Royer M.D.	☐ / ☒ / ☐	May 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-14-49	Mt. Calvary Cem.	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Washington Williams, MD	Elroy D. Wilson	1000 Bloadway

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G74262

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G74262

Registered No.

1. NAME OF DECEASED (Type or Print) KATHERINE EMMA KEMMETER

2. DATE OF DEATH May 8, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 816 N. Linwood Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 816 N. Linwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Oct. 31, 1879	69 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis E. Guise

14. MOTHER'S MAIDEN NAME Mary E. Goetz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO no

17. INFORMANT Mr. George Kemmeter ADDRESS 816 N. Linwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ventricular Fibrillation — 1 day

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1947 *to* May 8, 1949, *that I last saw the deceased alive on* May 6, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE F. Bed Reynolds M. D.

23B. ADDRESS 1011 N. Charles St

23C. DATE SIGNED 5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5.11.49

24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1949

REGISTRAR'S SIGNATURE Tuntington Williams, MD

25 FUNERAL DIRECTOR WM. J. TICKNER & SONS

ADDRESS Balto., Md.

VS 150

92D

BIRTH NO. G74263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° Registered No. G74263

1. NAME OF DECEASED (Type or Print) HELEN V. DIX

2. DATE OF DEATH May 10-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 3630 Beech ave

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 25 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3630 Beech ave 13-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Sept. 1-1908	40 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home.	New Jersey	U.S.

13. FATHER'S NAME: Alfred McClure

14. MOTHER'S MAIDEN NAME: Anna Vance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—		Mr. John W. Dix	3630 Beech ave

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized Carcinomatosis	3 mos
	DUE TO (B) Carcinoma - Left Breast	4 yrs.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 1, 1948	Carcinoma - Left Breast - Axillary Involvement	YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 21, 1948 *to* May 10, 1949 *that I last saw the deceased alive on* May 9, 1949 *and that death occurred at* 9:20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Joseph V. Gerardi M. D.	1800 N. Charles St	May 11, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 12-1949	Lorraine Park Cem	Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Huntington Williams M.D.	Geo. L. Beyer Jr.	1512 Hollins St

VS 150

50

G74264 G74264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

199-8 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA SCHELLENGER SWANSON

2 DATE OF DEATH May 11, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital
Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore . 14 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Delaware B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilmington

D. STREET ADDRESS (If rural, give location) 122 Prospect Drive-Blue Rock Manor

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Married	6/23/95	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hwf		NJ	

13. FATHER'S NAME Simon Schellenger

14 MOTHER'S MAIDEN NAME Sarah Ware,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Unknown			Records-US Marine Hospital, Balto, Md.	

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO 1- Carcinoma with metastases, primary site unknown	4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO 2- Perforation of peptic ulcer with peritonitis	2 days
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 27, 1949, *to* May 11, 1949, *that I last saw the deceased alive on* May 11, 1949, *and that death occurred at* 5:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto, Md.	5/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 13/49	Cold Spring Cem.	Cold Springs Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Evelyn Williams, M.D.	John O. Mitchell & Son	1900 Eastern Ave

55E

G74265 BALTIMORE CITY HEALTH DEPARTMENT G74265

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Nettie Counselman. 2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nursing Home. 3525 - N. Hilton St.
C. Length of stay in Baltimore Entire Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Md.
D. STREET ADDRESS (If rural, give location) 15-11

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F.	W.	Single	1	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland.	-

13. FATHER'S NAME Robt. Counselman

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Lucie N. Gay. M.D.	1114 St. Paul St.

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Bowel.

DUE TO

(B) metastatic carcinoma of

DUE TO

(C) the Lung.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —— *, 1935, to* May 10, 1949 *that I last saw the deceased alive on* May 1 - *, 1949, and that death occurred at* 3-A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lucie N. Gay - M.D.	1114 St. Paul St. Balto.	5 - 10 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 12/49	Loudon Park	3601 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
5 11 1949	Baltimore, Md.	John O. Mitchell & Sons	1900 Eutaw Place

VS 150

46E

G74266 G74266

BIRTH NO. G74266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 Registered No.

1. NAME OF DECEASED (Type or Print): Edward Parker

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Oden 2

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
D. STREET ADDRESS (If rural, give location): 80 Washington St

Length of stay in Baltimore — Yrs. / Mos. / Days

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sept 3 1883
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Parker
14. MOTHER'S MAIDEN NAME: Charlotte ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-05-2304
17. INFORMANT — ADDRESS: Johns Hopkins Hosp

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the lung — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) — DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15 1949 *to* 5/8 1949, *that I last saw the deceased alive on* 5/8 1949, *and that death occurred at* 7:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Bertram E. Spotnitz M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-12-49
24C. NAME OF CEMETERY OR CREMATORY: Brewer Hill
24D. LOCATION (City, town, or county): Annapolis (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: May 10 1949
REGISTRAR'S SIGNATURE: M. T. Smith
25. FUNERAL DIRECTOR — ADDRESS: Phillips Reese, II — 108 Washington St. Annapolis, Md.

47D

VS 150
MAY 11 1949

BIRTH NO. G74267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 G74267 Registered No.

1. NAME OF DECEASED (Type or Print): Ethel Kelly

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: 2 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 922 Rutland Ave. 7-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	Colored	Married	3-7th 1908	41 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pinewood S. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Bagwell	Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs. Arthur Johnson	921 Rutland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D		May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 12th 1949	Mt Calvary	B. C. Co Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 11 1949	Thurston Williams, M.D.	Byron & Dennis E. Kreig	721 Gay St

VS 151

46B

G74268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G74268 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT SEYMOUR LINDERMAN

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: [illegible] Drive
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1501 Argonne Drive 4-2

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1501 Argonne Drive

3b. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 12, 1896
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Bethlehem, Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Garrett B. Linderman
14. MOTHER'S MAIDEN NAME: Jennie Broadhead

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): World 1
16. SOCIAL SECURITY NO
17. INFORMANT: Stuart H. Linderman
ADDRESS: 1501 Argonne Drive

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of Stomach	6 mos & 1 yr
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION: January 49
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* May 10, 1949, *that I last saw the deceased alive on* May 8, 1949, *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter B. Buck M. D.
23b. ADDRESS: 18 E. Eager St Balt-2
23c. DATE SIGNED: May 11, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/49
24c. NAME OF CEMETERY OR CREMATORY: Arlington National
24d. LOCATION (City, town, or county) (State): Ft. Meyer, Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul St.

VS 150

46 B

G74269 — BALTIMORE CITY HEALTH DEPARTMENT — G74269

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): Margaret Trageser (Margaret A. Trageser)

2. DATE OF DEATH: 5-11-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital

c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-3
d. STREET ADDRESS (If rural, give location): 1403 Montford Ave. #13

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Widowed~~ Married

8. DATE OF BIRTH: Oct. 21, 1851
9. AGE (In years last birthday): 97
If Under 1 Year — Months: 6 Days: 20
If Under 24 Hours — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Petry

14. MOTHER'S MAIDEN NAME: Mary Dizer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO: None

17. INFORMANT: Miss. Clara M. Trageser — ADDRESS: 1403 Montford Avenue

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — DUE TO

ANTECEDENT CAUSES

(B) Art. Sclerotic Hypertensive Vascular Dis — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 24 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-49, 19__, to 5-11-49, 19__, that I last saw the deceased alive on 5-11-49 19__ and that death occurred at 6.30 m., from the causes and on the date stated above.

23a. SIGNATURE: H. L. Grossman, M. D.
23b. ADDRESS: West Baltimore Gen. Hosp.
23c. DATE SIGNED: 5-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-49
24c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24d. LOCATION (City, town, or county) (State): Belair Rd. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

937

G74270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1st

G74270

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William J Kennedy

2 DATE OF DEATH: May 9/49

3. PLACE OF DEATH: a. Baltimore City, Maryland 502 N Chester

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
COUNTY
502 N Chester
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
d. STREET ADDRESS (If rural, give location): above 7-5

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 24 1886
9. AGE (In years last birthday): 62
If Under 1 Year: Months 4, Days 15
If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Magician
10b. KIND OF BUSINESS OR INDUSTRY: Chem Factory
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James J Kennedy
14. MOTHER'S MAIDEN NAME: Margaret Roeder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs Edna Kennedy ADDRESS 502 N Chester

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA - STOMACH — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION: 12-22-48
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach with metastasis
20 AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18- , 19 48, to 5-9- , 19 49, that I last saw the deceased alive on 5-9- , 19 49 and that death occurred at 4.20 A m., from the causes and on the date stated above.

23a. SIGNATURE: Benj. B. Moore M.D.
23b ADDRESS: 448 N. Eutaw Place
23c DATE SIGNED: 5/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/12/49
24c. NAME OF CEMETERY OR CREMATORY: Baltimore
24d. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilmot Funeral Home
ADDRESS: 200 Eutaw St

VS 150

46R

MEDICAL CERTIFICATION

G74271 ✓ 420.0 G74271

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): ROSE WOLF

2. DATE OF DEATH: May 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Ridge Nursing Home
C. Length of stay in Baltimore: 75 yeare (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2113 E. North Ave. 8-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	March 26, 1865	84	1	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Germany	

13. FATHER'S NAME: Don't know

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, see or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Frank L. Wolf, Jr.	2113 E. North Ave.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart dis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

(B) Marked athero & arteriosclerosis — DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1946 *to* 5/9, 1949 *that I last saw the deceased alive on* 5/9, 1949, *and that death occurred at* 12 15 *p.* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Conrad L. Raichy M. D.	1706 N Wash St	5/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 12, 1949	Baltimore	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Huntington Williams, M.D.	Ullrich Funeral Home	2008 Orleans St.,

VS 150

931

NOTIFICATION SYSTEMS

G742472 128794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60.5

G742472

Registered No.

BIRTH NO. B.C. 49-09473

1. NAME OF DECEASED (Type or Print): Robinson, Baby Boy (Ruth)

2. DATE OF DEATH: 5- 8- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-3
D. STREET ADDRESS (If rural, give location): 551 Bloom ST.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 5- 6- 1949
9. AGE (In years last birthday) / If under 1 year: Months, Days / If under 24 hours: Hours, Min.: 1 Day

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Morgan

14. MOTHER'S MAIDEN NAME: Ruth Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: B.C.H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sub - Arachnoid Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Prematurity

INTERVAL BETWEEN ONSET AND DEATH: 1 Day

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 6- ,49 *to* 5- 8- , 19 49 *that I last saw the deceased alive on* 5 - 8- , 19 49 *and that death occurred at* 8.55Am *from the causes and on the date stated above.*

23A. SIGNATURE: L. (illegible) M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: At 9.00Am 5-10-49
24C. NAME OF CEMETERY OR CREMATORY: B.C.H. Crematory
24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Tuttington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS:

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1600

G74273

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1950 G74273

Registered No.

1. NAME OF DECEASED (Type or Print) SAMUEL SCHREBMAN

2. DATE OF DEATH 5-11-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2405 Chelsea Terrace

Length of stay in Baltimore 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-28
D. STREET ADDRESS (If rural, give location) 2405 Chelsea Terrace

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) 75 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Baula

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Rae Scherr ADDRESS 2405 Chelsea Ter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO (B) Arteriosclerotic Heart Disease — 15 years

DUE TO (C) Chronic Asthmatic Bronchitis & Emphysema & probable infections in earlier years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940 *to* 5/11, 1949, *that I last saw the deceased alive on* 5/11, 1949, *and that death occurred at* 2:55 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Theodore Cooper M. D.

23B. ADDRESS 2701 Eutaw Place

23C. DATE SIGNED 5/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5-12-49

24C. NAME OF CEMETERY OR CREMATORY Adas Israel

24D. LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eutaw Place

VS 150

937

G742?4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151

G742?4

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NETTIE STEINHORN

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4205 Liberty Heights Ave

C. Length of stay in Baltimore 46 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-2
D. STREET ADDRESS (If rural, give location) 4205 Liberty Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White	Married		64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Austria	

13. FATHER'S NAME Morton

14. MOTHER'S MAIDEN NAME Hannak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Julius Steinhorn	4205 Liberty Hgts

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 mo

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 10, 1949	Carcinoma of Stomach	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 1949 *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 10-30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward S. Kaerins M. D.	1847 W. North Ave	5/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-12-49	Hebrew Friendship	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Place

VS 150

46B

MEDICAL CERTIFICATION

42,5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151

Registered No. G74275

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 N. KENWOOD AVE
(c) Hospital or institution: HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 16-1 (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. KENWOOD AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA DOEMLING

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife JOSEPH DOEMLING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 5, 1866

8. AGE: Years	Months	Days	If less than one day
82	7		hr. min.

9. Birthplace BALTIMORE - MARYLAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Frederick Keller
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Mrs Georgiana Behner
(b) Address 10 N Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-49 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Herr & Son
(b) MAY 12 1949 1 Century ave

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 10 1949, at 9 60 A M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 1 1949, to MAY 10 1949, and that I last saw HER alive on MAY 10 1949.

Immediate cause of death: CARCINOMA OF HEAD OF PANCREAS. — Duration: UNKNOWN

Due to

Due to

Other Conditions GENERALIZED ARTERIOSCLEROSIS - CARDIAC FAILURE
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Houska M. D.
Address 333 S Ed Ave Date signed 5/10/49

VS 150

469

G74276

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 43 44

G74276 Registered No.

1. NAME OF DECEASED (Type or Print): FLORENCE BROWNLEY JAMES

2. DATE OF DEATH: 5-10-49

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital

3b. Length of stay in Baltimore: 10 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ruxton
D. STREET ADDRESS (If rural, give location): Malvern Avenue

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 20, 1891
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Hampton, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Capt. Franklin James
14. MOTHER'S MAIDEN NAME: Belle Brownley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: none
17. INFORMANT: Lillian M. Dorgert
ADDRESS: C H H

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs
DUE TO
(B) Cerebral Thrombosis — 60 Hrs
DUE TO
(C) Hypertensive Cardiovascular Disease — 2 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
d

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus — Not known

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28, 1949, *to* 5-10, 1949, *that I last saw the deceased alive on* 5-10, 1949, *and that death occurred at* 11 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: L. U. Howard M. D.
23B. ADDRESS: Church Home Hospital
23C DATE SIGNED: 5-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 5/12/49
24C. NAME OF CEMETERY OR CREMATORY: Kingston Cemetery
24D LOCATION (City, town, or county) (State): Mathews Court House, Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Temperance Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

61

G742.7

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 91.0 G742.7

Registered No.

1. NAME OF DECEASED (Type or Print) THEODORE A. POWITZ — N-968.0

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2139 Homewood Ave. 9-8

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1901
9. AGE (In years last birthday): 47 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ark Police
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Police Dept.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Powitz
14. MOTHER'S MAIDEN NAME: Cecilia Crafton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Wilhelmia C. Powitz ADDRESS: 2139 Homewood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon Monoxide Poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2139 Homewood Ave. 9/8

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: May 10, 1949 about 4 P m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Exhaust fumes from automobile

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl A. Royer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: May 11 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/13/49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 151

178B

G74278

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 Registered No. G74278

1. NAME OF DECEASED (Type or Print)	CHARLES E. WILLIAR, SR.
2. DATE OF DEATH	May 10, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	2117 Dennison St.
c. Length of stay in Baltimore	6 mos. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	401 Lyman Ave. 27-12
5. SEX	male
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	Sept. 23, 1875
9. AGE (In years last birthday)	73 yrs. (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Ass't. Supt.
10B. KIND OF BUSINESS OR INDUSTRY	Harry T. Campbell & Sons
11. BIRTHPLACE (State or foreign country)	Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?	U.S.
13. FATHER'S NAME	Harry D. Williar
14 MOTHER'S MAIDEN NAME	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	212-03-8070
17. INFORMANT	Mr. Fieman Williar
ADDRESS	225 Dunkirk Rd

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) Carcinoma of Lung. — 2 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
March 30 1948	Inoperable Carcinoma of Lung	YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1948 *to* May, 1949 *that I last saw the deceased alive on* May 9, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
William V. Garlick M. D.	2 West Road	May 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)	
Burial	5/13/49	Greenmount Cem.	Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS	
MAY 12 1949	Huntington Williams, M.D.	WILLIAM J. TICKNER & SONS	Balto., Md.	

VS 150

477

G742.9

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° Registered No. G742.9

1. NAME OF DECEASED (Type or Print) MRS RACHAEL WHALER WAGNER

2. DATE OF DEATH MAY 10, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore 12 Yrs. ___ Mos. ___

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY 12-1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) Warrington Apts #18

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 27, 1887

9. AGE (In years last birthday) 61
If Under 1 Year: Months ___ Days ___
If Under 24 Hours: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Whaler

14. MOTHER'S MAIDEN NAME Elizabeth Sharpe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO

17. INFORMANT Hospital Records
ADDRESS Husband (Charles H. Wagner)

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO Cerebro-Vascular Accident probably metastatic — INTERVAL BETWEEN ONSET AND DEATH 8 days

(B) DUE TO Metastasis from Carcinoma — 5 yrs

(C) Carcinoma of Breast — 11 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION April 18, 1949

19b. MAJOR FINDINGS OF OPERATION Metastasis to vertebra with cord compression

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) No

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1949 to May 10, 1949 that I last saw the deceased alive on May 10, 1949 and that death occurred at 9:15 P m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Read M.D. M. D.

23b. ADDRESS Mercy Hospital

23c. DATE SIGNED May 11 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 12-1949

24c. NAME OF CEMETERY OR CREMATORY Druid Ridge

24d. LOCATION (City, town, or county) (State) Pikesville Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS Burgee Funeral Home

VS 150

50

G74280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

116 Registered No. G74280

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sallie E. Forsythe

2. DATE OF DEATH: May 10th, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 13 N. Ellamont St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 13 N. Ellamont St 20-06

E. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	March 4th 1871	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Peter

14. MOTHER'S MAIDEN NAME: Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ✓

(If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. None

17. INFORMANT: Percy E. Forsythe ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1946 - 1949.

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic H.D. Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26 19 49 *to* May 10, 19 49 *that I last saw the deceased alive on* May 10, 19 49 *and that death occurred at* 11:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Milton Fusonie M.D.

23B. ADDRESS: 7 N. Ellamont St

23C. DATE SIGNED: May 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 13th 1949

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge

24D. LOCATION (City, town, or county) (State): Reisterstown Road Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Frederick D. Milby, Inc. 3019 W. Monument St.

VS 150

951B

74281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

971-5 G74281
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELVA HAINES ANDERSON

2. DATE OF DEATH: 5/7/1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL

C. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 323 N. FULTON AV.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	C	MARRIED	10/19/1926	22	6	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	-	BALTIMORE, MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJ. HAINES	ELVA JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	NO	#	ELVA HAINES(M)-	530 CARROLLTON AV.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Mercury poisoning	
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	323 North Fulton Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5 2 49 1.30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Ingestion of 4 gr. bichloride mercury tablets

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil L. Hoyer M.D.		5 Aug 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5/12/49	BALTO. NAT'L. CEMETERY	BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Huntington Williams, M.D.	CHARLES G. COOPER	512 CARROLLTON AV.

1627

574282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

157 Registered No. 574282

1. NAME OF DECEASED (Type or Print) Mrs. BESSIE V. SMITH.

2. DATE OF DEATH 5/11/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE MD.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE #3
D STREET ADDRESS (If rural, give location) 1602 Guilford Ave.

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Nov. 21, 1893

9. AGE (Years last birthday) 55 If Under 1 Year: Months 5 Days 20 If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BALTO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES BARNER

14. MOTHER'S MAIDEN NAME Mary McNair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT HARRY Smith ADDRESS Same

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer Head of Pancreas — (INTERVAL BETWEEN ONSET AND DEATH) 7 months

DUE TO

(B) Generalized Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION Oct. 1948

19B. MAJOR FINDINGS OF OPERATION Mass in Head of Pancreas

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2 1949 to 5/11 1949 that I last saw the deceased alive on 5/11 1949, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

23A. SIGNATURE Robert L. Eason M.D.

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 14/49

24C. NAME OF CEMETERY OR CREMATORY St Mary's

24D. LOCATION (City, town, or county) (State) Govans Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 1 2 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Henry W. Jenkins, Sons

ADDRESS 49 & York Rd

469

G74283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74283

BIRTH NO.

1. NAME OF DECEASED (Type or Print): REBEKAH HARRISON

2. DATE OF DEATH: MAY 11, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2939 ST. PAUL ST.

3b. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 2939 ST. PAUL ST. 12-2

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 11, 1865
9. AGE (In years last birthday): 83
If Under 1 Year: Months, Days: 8 0
If Under 24 Hours: Hours, Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RICHARD STUART HARRISON
14. MOTHER'S MAIDEN NAME: SALLY DORSEY PUE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MISS E. HARRISON ADDRESS WASH., D.C.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral haemorrhage — Interval between onset and death: 6 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arterio-sclerotic Cardio Vascular disease — Many years until 1942
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/17, 1949, *to* 5/11, 1949, *that I last saw the deceased alive on* 5/11, 1949, *and that death occurred at* 10:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas C. Cole Judd M.D.
23b. ADDRESS: 222 Wendover Road Baltimore
23c. DATE SIGNED: 5/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-13-49
24c. NAME OF CEMETERY OR CREMATORY: ST. JOHNS
24d. LOCATION (City, town, or county): HOWARD Co. (State): MD

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Tuttington Williams M.D.
25. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. ADDRESS: 4905 YORK RD.

VS 150

93D

G74284

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74284

1. NAME OF DECEASED (Type or Print)	Harry Blumenthal
2. DATE OF DEATH	May I I /49
3. PLACE OF DEATH: A. Baltimore City, Maryland	I6I6 Bentalou St.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
Length of stay in Baltimore	48 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B COUNTY	
C CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D STREET ADDRESS (If rural, give location)	I6I6 Bentalou St. 15-3
5. SEX	Male
6 COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Married
8 DATE OF BIRTH	Dec 29,1891
9 AGE (In years last birthday)	57
If Under 1 Year: Months, Days	
If Under 24 Hours: Hours, Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Salesman
10B. KIND OF BUSINESS OR INDUSTRY	
11 BIRTHPLACE (State or foreign country)	New Haven Conn.
12 CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Ellis Blumenthal
14 MOTHER'S MAIDEN NAME	Mary Friedlander
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16 SOCIAL SECURITY NO.	216 07 1302
17 INFORMANT ADDRESS	Anna Blumenthal .I6I6Bentalou St.

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Coronary Thrombosis	1½ hrs.
	DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Arterio - Sclerosis	2 yrs
	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10th 19 49 *to* May 10th 8 P. 19 49, *that I last saw the deceased alive on* May 10th 19 49, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Michael A. Hoppe M. D.	1820 Eutaw place	May 12th

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county)	(State)
Burial	May 12, 1949	Hebrew Rosedale Cem	Baltimore	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 1 2 1949	Huntington Williams, M.D.	Sol Levinson & Bros	1126 W North Ave

VS 150

Dr. Davis of Medical Examiner's Office notified.

94a

74285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

544 G74285

Registered No.

BIRTH NO. B.C.49-03829

1. NAME OF DECEASED (Type or Print) MARY J. SVEC

2. DATE OF DEATH 5-11-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 5408 BELLE VISTA AVE

5. SEX F

6. COLOR OR RACE W

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) S

8. DATE OF BIRTH FEB. 23, 1949

9. AGE (In years last birthday) 0

If Under 1 Year: Months 2, Days 17

If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JEROME A. SVEC

14. MOTHER'S MAIDEN NAME HELEN STRUZINSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT JEROME A. SVEC ADDRESS 5408 BELLE VISTA

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2½ hrs after birth

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11-1949 *to* 5-11-1949 *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9.15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE C. D. Thomas Jr. M. D.

23B. ADDRESS Mercy Hosp.

23C. DATE SIGNED 5-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 5-13-49.

24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM

24D. LOCATION (City, town, or county) (State) DUNDALK AVE.

DATE RECEIVED BY LOCAL REGISTRAR MAY 1 2 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 901 S. Conkling St.

VS 150

157E

BARNES

74286 — BALTIMORE CITY HEALTH DEPARTMENT — 39 v. 1 — G74286

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): Robert Barnes
2. DATE OF DEATH: May 9, 1949
3. PLACE OF DEATH: a. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE: Md. b. COUNTY: 16-2
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1409 N. Lafayette Ave.
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: 12 Yrs. Mos. Days
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sngld
8. DATE OF BIRTH: 3-28-37
9. AGE (If under 1 year, last birthday): 12 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Barnes
14. MOTHER'S MAIDEN NAME: Estella Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Purulent Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) Chronic otitis media — 6 mos.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION: Feb. 14
19b. MAJOR FINDINGS OF OPERATION: Chronic Mastoiditis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8 1949 *to* 5-9 1949, *that I last saw the deceased alive on* 5-9 1949, *and that death occurred at* 10 40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Maurice L. Slear
23b. ADDRESS: JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1949
24c. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24d. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Wm. George N. Holland — 1651 Druid Hill Ave.

VS 150

89a

74287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 97 8 · G74287 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN GUNTERS. N-803-V

2. DATE OF DEATH May 10, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 564 Wilson Street 14-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
male	colored	married	Jan. 10, 1907	42 43				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		Accomac, Va	U.S.A.

13. FATHER'S NAME Benjamin C. Gunter

14. MOTHER'S MAIDEN NAME Mary L. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	World war II.		Mrs. Florence Higgins	Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Fracture, skull	
DUE TO	Subarachnoid Hemorrhage	
(B)		
DUE TO		
(C)		
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	564 Wilson Street

21D. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5	10	49	6.45 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Jumped from third floor window

22. *I certify that I took charge of the remains described above, held an* Inq. & Inspec. *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D.		May 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 13 1949	Balto. Natl. Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

25. FUNERAL DIRECTOR ADDRESS
Wm. George N. Holland
165. Edmondson Ave. 164E

VS 151

G74288
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 331 X G74288
Registered No.

1. NAME OF DECEASED (Type or Print) Milton Makel

2. DATE OF DEATH May 10, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 502 Lawrence St. 14-3

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday) 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Winfield Makel
14. MOTHER'S MAIDEN NAME Maggie Fogus.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular Accident — Interval between onset and death: 12 hrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive Vascular Disease — ?
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetic Acidosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20 AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) —
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-10 1949 *to* 5-10, 1949 *that I last saw the deceased alive on* 5-10, 1949 *and that death occurred at* 4-30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Bertram E. Bernheim M. D.
23b. ADDRESS JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED 5/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/13/49
24c. NAME OF CEMETERY OR CREMATORY Mt Auburn
24d. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Leo L. Kelson
ADDRESS 1305 Preston St.

VS 150

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74289 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 43 — G74289 — Registered No.

1. NAME OF DECEASED (Type or Print): SMITH, Florence

2. DATE OF DEATH: 5.11.49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.

Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): 1107 Parrish St. 16-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	M	3/25/1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): He Wa
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lancaster, Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Green
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Daniel Smith ADDRESS: 1107 Parrish St.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-vascular accident.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive arteriosclerotic CV disease
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10 *1949 to* 5-11 *, 1949 that I last saw the deceased alive on* 5-11 *, 1949 and that death occurred at* 10:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Alfred Gobrecht M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 5.11.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/14/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Lexington Williams, MD
25. FUNERAL DIRECTOR: Leo B. Kelson ADDRESS: 1303 Pennsylvania Ave

VS 150

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G74290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74290

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Julia Owens

2. DATE OF DEATH MAY 10 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

b. Length of stay in Baltimore 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville #28

D. STREET ADDRESS (If rural, give location) 36 Lincoln Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	Colored	Married	9-13-17	31		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		N.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles ?	Lottie Tillery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Disseminated Lupus Erythematosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 5 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-12, 1949, *to* 5-10, 1949, *that I last saw the deceased alive on* 5-10, 1949, *and that death occurred at* 4:45 am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sherman Wellinkoff M. D.	JOHNS HOPKINS HOSPITAL	5/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-13-49	Arbutus Mem'l	Baltimore Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Turlington Williams, M.D.	Wm. D. Francis & Hinkley W. Bird	578

VS 150

153

GM. 128839 X ✓ G74291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 G74291 Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Smuffer

2. DATE OF DEATH May 12- 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

Length of stay in Baltimore 7 Months (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE ~~MD.~~ W. Va. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2114 Eastern Ave. 1-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
F	White	Married	Nov. 11 1930	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Omer Hanaker

14. MOTHER'S MAIDEN NAME Hazel Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS B.C.H. Records 4940 Eastern Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Plumonary Edema
DUE TO Eclampsia - 3 Convulsions
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 72 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 - 9- 1949 *to* 5- 12- 1949, *that I last saw the deceased alive on* 5- 12- 1949, *and that death occurred at* 4.20A *m., from the causes and on the date stated above.*

23A. SIGNATURE R. L. Dorsey M. D. | 23B. ADDRESS B.C.H. 4940 Eastern Ave. | 23C. DATE SIGNED 5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 14/49 | 24C. NAME OF CEMETERY OR CREMATORY Druid Cemy. Hinton W. Va. | 24D. LOCATION (City, town, or county) (State) Hinton W. Va.

DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR ADDRESS John O. Mitchell Sons 1300 Eastern Ave.

MAY 21 1949

148a

G74292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G74292

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM PHILIP BURBETT

2. DATE OF DEATH May 10, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctor's Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md, B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 134 S. East Avenue 26-10

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 26, 1867

9. AGE (In years last birthday) 82 If under 1 year: Months Days If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B&O R.R. Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ALBERT BURBETT

14. MOTHER'S MAIDEN NAME CHAROLETE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO NONE

17. INFORMANT 134 S. East Avenue Mrs. Amalie P. Burbett

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebro Vascular Accident

DUE TO

(C) Cardiac Failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Retinal Hemorrhages.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Oct, 1948, *to* May, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 3:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Melvin J. Lamonbi M. D.

23B. ADDRESS 2211 Eastern Ave.

23C. DATE SIGNED 5/11/49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/13/49

24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC ADDRESS BALTIMORE * 13, MARYLAND

VS 150

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G74293 ✓ G74293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

491 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARBARA C. DILLMAN

2. DATE OF DEATH 5/10/49

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1644 Darley Avenue

3b. Length of stay in Baltimore 76 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md,
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1644 Darley Avenue

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept. 5, 1856

9. AGE (In years last birthday) 92 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NICHOLAS SCHRENKER

14. MOTHER'S MAIDEN NAME BARBARA NAGEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO none

17. INFORMANT 1644 Darley Avenue Mr. Frank N. Dillman

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho Pneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO – Fracture of inf. joint — 4 days

CERTIFICATION APPROVED BY
(C)
William J. McCafferty M. D.
CORONER OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street in front Home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1644 Darley Avenue

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 yrs. Unknown m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Slipped to sidewalk when getting out of car

22. *I hereby certify that I attended the deceased from* May 8, 1949, *to* May 9, 1949, *that I last saw the deceased alive on* May 9, 19___, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Jacob Fisher M. D.

23b. ADDRESS 1823 N. Howard St.

23c. DATE SIGNED 5/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/13/49

24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

24d. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR . ADDRESS HENRY SANDER & SONS, INC BALTIMORE - 13, MD.

VS 150

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G74294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74294

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William H. Woody Sr

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Siani Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1631 Spence st. 25-43

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 23-1895
9. AGE (In years last birthday): 53 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Balto md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Woody
14. MOTHER'S MAIDEN NAME: Christina Gottlieb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY: 115-01-7732
17. INFORMANT: Elizabeth R. Woody
ADDRESS: 1631 Spence st

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism
due to
(B) Arthritis -
due to
(C) Coronary Artery Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23a. SIGNATURE: [signature] M.D
23b CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23c DATE SIGNED: May 16 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 16-1949
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem
24d. LOCATION (City, town, or county) (State): Balto md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D
25. FUNERAL DIRECTOR: Edward Tawson
ADDRESS: 2350 Washington Blvd

94a

MEDICAL CERTIFICATION

G74295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

470.1

G74295

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): NETTIE GOSNELL THAYER

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4137 Norfolk Ave.

3b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 4137 Norfolk Ave.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 31, 1878

9. AGE (In years last birthday) | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.: 70 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Jeannette Beck

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gosnell

14. MOTHER'S MAIDEN NAME: Wilhelmina Kranz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Wm. Marck — ADDRESS: 1525 Windemere Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary insufficiency — 6 yrs

DUE TO

(C) arteriosclerosis — 10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): no

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 1, 1934 *to* May 6, 1949 *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 2:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M. D.

23b. ADDRESS: 3403 Garrison Blvd

23c. DATE SIGNED: 5/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/13/49

24c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24d. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

92D

74296 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G74296

1. NAME OF DECEASED (Type or Print): Dallas TILLETT (Pellette) (dim)

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore, Essex
d. STREET ADDRESS (If rural, give location): 907 Kensfew Ave.

5. SEX: M
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 26 1899
9. AGE (In years last birthday): 49 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Levit (retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.a.
13. FATHER'S NAME: John Tillett
14. MOTHER'S MAIDEN NAME: Calsie Tillett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): Yes (If yes, give war or dates of service): War I and II
16. SOCIAL SECURITY NO.
17. INFORMANT: Frances Tillett ADDRESS: 907 Kensfew Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis C.V. Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: [signature] M.D.
23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23c. DATE SIGNED: May 11, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12/49
24c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24d. LOCATION (City, town, or county) (State): Dundalk Loc Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Duda ADDRESS: 2829 Hudson St.

S 151

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G74297 GORDON

BALTIMORE CITY HEALTH DEPARTMENT 43 G74297

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) James Everett Gordon

2 DATE OF DEATH May 9, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1144 N. Stricker St.

Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16-2
d. STREET ADDRESS (If rural, give location) 1144 N Stricker St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Male	C	Married	Jan 26 1894	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Barber		Penna.	U.S.A.

13. FATHER'S NAME John Gordon

14 MOTHER'S MAIDEN NAME Rosa Fauntleroy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Helen Gordon.	1144 N. Stricker St

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

(b) Carcinoma of Prostate — 3 mos.

DUE TO

(c) Hypertension — 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
None		

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1949, *to* May 9, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 5 20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
I. Bradshaw Riggins M.D.	603 Maisonville	May 10 49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-13-49	Arlington Memorial	Arlington Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Funkington Williams, M.D.	Mrs Kate R. Williams	322 N Schroeder St

VS 150

I. BRADSHAW RIGGINS, M.D.

937

G74298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

120.0

G74298 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jannie Mobley

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH: a. Baltimore City, Maryland 617 W. Saratoga St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 617 W. Saratoga St.

c. Length of stay in Baltimore 10 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 617 W. Saratoga St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 617 W. Saratoga St., 4-2

5. SEX Female

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 2, 1863

9. AGE (In years last birthday) 85

If Under 1 Year: Months, Days

If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Blackstock, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Henderson

14. MOTHER'S MAIDEN NAME Charlotte ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO

17. INFORMANT Edna Nelson ADDRESS 617 W. Saratoga St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/12 19 49 *to* 5/10 19 49 *that I last saw the deceased alive on* 3/12 19 49 *and that death occurred at* 4 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Wm Garner M. D.

23b. ADDRESS 753 Gorsuch St

23c. DATE SIGNED 5/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped

24b. DATE 5-13-49

24c. NAME OF CEMETERY OR CREMATORY Winnsboro S. C.

24d. LOCATION (City, town, or county) (State) S. C.

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Mrs Katie R. Williams

ADDRESS 322 N Arbutus St

VS 150

937

G74299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 13

G74299 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE SCOTT

2. DATE OF DEATH MAY 9, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY 1
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-2

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 111 N. GILMOR ST.

Length of stay in Baltimore 14 Yrs.

D. STREET ADDRESS (If rural, give location) 111 N. GILMOR ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
FEMALE	COLORED	WIDOWED	SEPT. 21, 1891	57 YRS		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SEAMSTRESS (Ret.)	SELF (SMALL SHOP)	FLORENCE, S.C.	AMERICA

13. FATHER'S NAME JULIUS ANDERSON (Dec.)

14. MOTHER'S MAIDEN NAME JOSEPHINE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT (DAUGHTER)	ADDRESS
NO			ROSA LEE BRUCE	320 N. CAREY ST

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) UREMIA
DUE TO
(B) RENAL AND CARDIAC FAILURE
DUE TO
(C) CARCINOMA OF UTERUS & METASTASES

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 20 DAYS

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑
NONE		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Natural		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 21, 1949 *to* May 9, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William Warrington Jr. M. D.	835 W. Lexington St.	May 9 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-13-49	Mt. Calvary Cem.	Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Warrington Williams, M.D.	Mrs Katy R. Williams	3222 W. Lexington St.

VS 150

48 B

G74300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74300

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MATTHEW GROSS

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 1305 Carroll St.. b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 1955 Carroll Street 21-2

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: October 19, 1892
9. AGE (In years last birthday): 56 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md..
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Matthews Gross.
14. MOTHER'S MAIDEN NAME: Sarah Johnston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 217-09-1387
17. INFORMANT: Edward Gross. ADDRESS: 629 Archer St

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: Carl L Rose M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR X

23c. DATE SIGNED: 5-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-14-49

24c. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem.

24d. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D. Mrs Katie R. Williams

25. FUNERAL DIRECTOR: Schroeder

ADDRESS: 323 N

930

BIRTH NO. G74301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G74301 Registered No.

1. NAME OF DECEASED (Type or Print): Ruth Lamont Robinson

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Baltimore, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 433 Gusryan Street

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 433 Gusryan Street 26-05

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1899
9. AGE (In years last birthday): 49
If Under 1 Year: Months 9 Days 21
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sunbury, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert B. Getz
14. MOTHER'S MAIDEN NAME: Isabella Weim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mr. Louis Robinson, 433 Gusryan Street — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertension - Cardio Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1940 *to* May 10, 1949 *that I last saw the deceased alive on* May 1, 1949 *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Andrew Hunsicker M. D.
23B. ADDRESS: 250 9 Eastern Ave.
23C. DATE SIGNED: 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 5/14/49
24C. NAME OF CEMETERY OR CREMATORY: Sunbury
24D. LOCATION (City, town, or county) (State): Sunbury, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR: MAY 12 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

93 D

G74302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 760

G74302

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Lillian Durand

2. DATE OF DEATH MAY 11. 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12 N. Front St.

3. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 12 N. Front St.

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married

8. DATE OF BIRTH 1/24/1870

9. AGE (In years last birthday) 89 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2

10B. KIND OF BUSINESS OR INDUSTRY 2

11. BIRTHPLACE (State or foreign country) N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl Schultz

14. MOTHER'S MAIDEN NAME Minna Hetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT James Durand ADDRESS 12 N. Front St.

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Diabetes
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

II (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH Several years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 5/10, 1947 *to* 5/11, 1949, *that I last saw the deceased alive on* 5/10, 1949 *and that death occurred at* 7.30 m., *from the causes and on the date stated above.*

23A. SIGNATURE Arthur J. Bowen M. D.

23B. ADDRESS 242 S. Highland Ave

23C. DATE SIGNED 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/14/49

24C. NAME OF CEMETERY OR CREMATORY Woodland Park

24D. LOCATION (City, town, or county) Parkville (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Wm Cook & Sons ADDRESS 1217 St. Paul St.

61

G74303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 G74303 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Jennings

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

c. Length of stay in Baltimore: 2 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1420 Mosher St. 16 0r

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: May 14 - 1917
9. AGE (In years last birthday): 31 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orderly in Hosp.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sumpter S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: See Jennings
14. MOTHER'S MAIDEN NAME: Anna Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mary Charles 1400 Mosher St ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Hypertension & V. Disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Earl L Hood M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-16-49
24C. NAME OF CEMETERY OR CREMATORY: Sumpter Bap.
24D. LOCATION (City, town, or county) (State): Sumpter S. C.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 21 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Bentley Ave

927

G74304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74307 / 74304

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George W. Kuebler

2. DATE OF DEATH May 10th, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 1603 Cuddox St.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1603 Cuddox St.

a. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 1st 1884 | 9. AGE (In years last birthday) 65 | If under 1 Year: Months 1, Days 10 | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent | 10B. KIND OF BUSINESS OR INDUSTRY Globe Brewery | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Kuebler | 14. MOTHER'S MAIDEN NAME Mary Bohmert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO 5x-038-1771 | 17. INFORMANT Mrs. Geo. W. Kuebler | ADDRESS 1603 Cuddox St.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	arterio-sclerotic cardio-vascular disease	5 yrs.
DUE TO		
(B)	acute cardiac dilatation	1 min.
DUE TO		
(C)		

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1949, *to* 5-10, 1949, *that I last saw the deceased alive on* 5-10, 1949, *and that death occurred at* 6:05 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE G. Dana Moore M. D. | 23B. ADDRESS 3105 Belair Rd | 23C. DATE SIGNED 5-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/13/49 | 24C. NAME OF CEMETERY OR CREMATORY Holy Cross L.L.Co. | 24D. LOCATION (City, town, or county) (State) L.L. Co.

DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1949 | REGISTRAR'S SIGNATURE Washington Williams, M.D. | 25. FUNERAL DIRECTOR C. J. Fanning & Son | ADDRESS 1938 E. Lafayette Ave.

93D

G74305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57

G74305 Registered No.

IRTH NO.

NAME OF DECEASED (Type or Print): Charles Becker

2 DATE OF DEATH: May 10 1949 2 A.M.

PLACE OF DEATH: 7004 Reisterstown Rd Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland
D. STREET ADDRESS (If rural, give location): 7000 Reisterstown Road

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
Male	White	Married	Aug 28 1876	72				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Horseman	Boardinghouse	Baltimore Md	U.S.A.

13. FATHER'S NAME: Louis Becker
14. MOTHER'S MAIDEN NAME: Ida Zimmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Charles Becker	7000 Reisterstown Rd.

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Inoperable Carcinoma of Pancreas	about 1 yr.
DUE TO (B)	Metastasis in liver	about 4 mo
DUE TO (C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1949 *to* May 10, 1949 *that I last saw the deceased alive on* May 10, 1949 *and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter L. Tubbs M. D.	2220 Harrison Blvd	May 11/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 13/49	Druid Ridge	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 12 1949	Washington Williams, M.D.	Loring Byers	5005 Park Heights Ave 469

VS 150

74306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7-4-6

G74306 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Windsor

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Halsted 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Prince George

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Laytonsville

Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): Prince George Co.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		6-26-44	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilmer Windsor	Dorothy Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

(B) Congenital heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Pulmonic stenosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/11/49	Cong. heart disease	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/4, 1949, *to* 5/12, 1949, *that I last saw the deceased alive on* 5/12, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mitchell C. Sanford	JOHNS HOPKINS HOSPITAL	5/13/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	May 16, 1949	St. Peters	Hyattsville Prince George Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Huntington Williams, M.D.	Ritchie & Bros	Upper Marlboro, Md

VS 150

157E

74307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90

G74307

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Peter Biskup Jr.

2. DATE OF DEATH May 12 1949

3. PLACE OF DEATH: Baltimore City, Maryland 2109 E Baltimore St

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 2109 E Baltimore St.

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: March 15 1949

9. AGE (In years last birthday) | If Under 1 Year: Months 1, Days 27 | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Biskup

14. MOTHER'S MAIDEN NAME: Anna Bukmanis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Anna Biskup ADDRESS 2109 E Baltimore St.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia (Rt. lower) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9/49, 19 to 5/12/49, 19 that I last saw the deceased alive on 5/11/49, 19 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Theodore F. Newcomer M.D.

23B ADDRESS: 1016 S. Ellwood Ave

23C DATE SIGNED: 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B DATE

24C NAME OF CEMETERY OR CREMATORY: Memorial Cemetery

24D LOCATION (City, town, or county) Waynesboro (State) Penn.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949

REGISTRAR'S SIGNATURE: Turlington Williams, M.D.

25 FUNERAL DIRECTOR: John J. Duda ADDRESS 2829 Hudson St

VS 150

108

074308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 074308

IRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA MARY KING

2. DATE OF DEATH: MAY 12 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 535 N WASHINGTON ST

Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 535 N. WASHINGTON ST.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 18 1867
9. AGE (In years last birthday): 81 — If under 1 year: Months 7, Days 24 — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): GERMANY.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: MICHAEL TRUNK
14. MOTHER'S MAIDEN NAME: AGNES TRUMPETER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): NO — NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JOSEPH J KING — ADDRESS: 535 N WASHINGTON ST

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Endo-Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO
(B) Chronic Nephritis — ditto
DUE TO
(C) General arteriosclerosis — ditto

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1939, *to* May 12, 1949 *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis J. Ayd M.D. M. D.
23B. ADDRESS: 2006 E. Monument St
23C. DATE SIGNED: 5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAY 16 1949
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): 4300 BELAIR ROAD MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Diffel Bros — ADDRESS: 1800 E LOMBARD ST

VS 150

1310

G74309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.1

G74309 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET TRADER

2. DATE OF DEATH: May 11, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 2869 Chesterfield Ave

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3b. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2869 Chesterfield Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-23-1885
9. AGE (In years last birthday): 63
If Under 1 Year: Months 10 Days 18
If Under 24 Hours: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laurel Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Melvin
14. MOTHER'S MAIDEN NAME: Unknown Cordray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Mr. Hugh H. Trader
ADDRESS: 2869 Chesterfield Ave

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	1 Hr
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	Hyp. Heart Disease	2 yr
DUE TO (C)	Cardio Renal Vascular Disease	15 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1945 *to* May 11, 1949 *that I last saw the deceased alive on* May 8, 1949 *and that death occurred at* 3 ½ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward F. Cronell M. D.
23b. ADDRESS: 7301 York Rd
23c. DATE SIGNED: 5/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/49
24c. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24d. LOCATION (City, town, or county) (State): Baltimore County Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Carlington Williams, M.D.
25. FUNERAL DIRECTOR: William J. Tickner & Sons
ADDRESS: North & Pa. Ave

VS 150

131a

74310
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 153

Registered No. G74310

1. NAME OF DECEASED (Type or Print): Charles Wesley Hunt

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 714 W. 34th Street

Length of stay in Baltimore: 20 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 714 W. 34th Street 1306

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1890
9. AGE (In years last birthday): 59 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Rosewood State School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William Thomas Hunt
14. MOTHER'S MAIDEN NAME: Sarah Jane Bosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: 216-09-0854
17. INFORMANT: Albert M. Hunt — ADDRESS: 714 W. 34th Street

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Colon

DUE TO

(B) Metastases to Lung.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 4 years 2 months

19A. DATE OF OPERATION: Oct 20, 1945
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Colon
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1945 *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 3 45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Wallenstein M. D.
23B. ADDRESS: 878 N 36th St
23C. DATE SIGNED: 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 13, 1949
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road

VS 150

46E

G74311

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74311

1. NAME OF DECEASED (Type or Print)	William Monroe Lee
2. DATE OF DEATH	May 11, 1949
3. PLACE OF DEATH:	Baltimore City, Maryland
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	1423 W. 37th Street
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	1423 W. 37th Street
Length of stay in Baltimore (Yrs. Mos. Days)	22 years
5. SEX	Male
6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Widower
8. DATE OF BIRTH	March 22, 1899
9. AGE (In years last birthday) (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)	50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Carpenter
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Virginia
12. CITIZEN OF WHAT COUNTRY?	U S A
13. FATHER'S NAME	Unknown
14. MOTHER'S MAIDEN NAME	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	No
16. SOCIAL SECURITY NO	219-03-5065
17. INFORMANT / ADDRESS	Archie M. Lee 1423 W. 37th Street

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary thrombosis	1 hr.
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Hypertension C.V.D	?
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11 , 1949 *to* 5-11 , 1949 *that I last saw the deceased alive on* 5-11 , 1949 *and that death occurred at* 7:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	Lawrence Schumann M.D.	23B. ADDRESS: 3719 Gold Rd.
23C. DATE SIGNED	5-11-49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Removal	24B. DATE: May 14, 1949
24C. NAME OF CEMETERY OR CREMATORY	Orange	24D. LOCATION (City, town, or county) (State): Orange Co. Virginia
DATE RECEIVED BY LOCAL REGISTRAR	MAY 13 1949	REGISTRAR'S SIGNATURE: Tuntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS	Burgee Funeral Home	3631 Falls Road

VS 150

93D

G74312 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

EB 19.4 Registered No. 74312

1. NAME OF DECEASED (Type or Print): Anthony Drexler — N-853.0

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3310 Foster st. 26 11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 2/10/1927
9. AGE (In years last birthday): 22 — If under 1 year: Months, Days; If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HATTER
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DREYLER
14. MOTHER'S MAIDEN NAME: MARY EBAUER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: JOHN DREXLER — ADDRESS: SAME

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

(B) contusion of brain

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lakewood & Baltimore sts. 1/3
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: May 12, 1949 12:30A.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Auto into tree

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Carl L Engle M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/16/49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Gilbert Inc. ADDRESS: 403 S. Ehrlich St.

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G74313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1948 ✓ Registered No. G74313

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN WILLIAM CONNOR

2. DATE OF DEATH May 9, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

Length of stay in Baltimore: hospital 75 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1012 E. Baltimore St. 5-11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/22/00
9. AGE (In years last birthday): 48 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Connor
14. MOTHER'S MAIDEN NAME: Grace ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 457-20-8240
17. INFORMANT: Records- US Marine Hospital, Balto, Md. ADDRESS

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Squamous cell carcinoma of right cervical lymph nodes, primary site unknown — Unknown

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 23, 1949 *to* May 9, 1949 *that I last saw the deceased alive on* May 9, 1949 *and that death occurred at* 5:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE John L. Wilson M. D.
23B. ADDRESS US Marine Hospital, Balto, Md.
23C. DATE SIGNED 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/12/49
24C. NAME OF CEMETERY OR CREMATORY Sound Heart
24D. LOCATION (City, town, or county) (State) German Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Lilly & Zeiler Dr ADDRESS 403 S Wolfe St

VS. 150

55E

G74314

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9770

Registered No. G74314

1. NAME OF DECEASED (Type or Print) FAYE D. JONES N-968

2. DATE OF DEATH May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 248 S. Conklin Street 26-08

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Separated.	6/13/12	37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Shipley McCoy

14. MOTHER'S MAIDEN NAME Mary Bryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lucille McCoy - Damages ADDRESS Rt 1 Pa

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Asphyxiation

DUE TO illuminating gas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 248 S. Conklin Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9, 1949 ? P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Four burners on but unlit

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE Carl L. Reyer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 5-10-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/13/49	Sacred Heart	Berea Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Lilly & Zeik ADDRESS 903 S 163H Wolfe St.

74315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

770.0 G74315

BIRTH NO. B.C.49-08900 Registered No.

1. NAME OF DECEASED (Type or Print): Caroline Shenk

2. DATE OF DEATH: May 8, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

Length of stay in Baltimore: 1 week (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3817 4th Avenue - E. Brooklyn

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: May 1, 1949
9. AGE (In years last birthday) / If Under 1 Year: Months / Days: 7 / If Under 24 Hours: Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry Shenk
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1 1949 *to* May 8 1949 *that I last saw the deceased alive on* May 1 1949 *and that death occurred at* 2:20 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Allan J. Wolinsky M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: May 10, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: JOHNS HOPKINS MEDICAL SCHOOL MAY 12 1949
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

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74316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

Registered No. 3698

G74316

IRTH NO.

1. NAME OF DECEASED (Type or Print) Alverta Thomas

2. DATE OF DEATH 5-10-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 Collett St.

Length of stay in Baltimore Over 15 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 602 Collett St. 15-01

5. SEX Female

6. COLOR or RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7-17-1895

9. AGE (In years last birthday) 53

If under 1 Year: Months Days

If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY Day Worker

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Tom Reed

14. MOTHER'S MAIDEN NAME Fannie Fields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, yes or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Herman Bright ADDRESS 602 Collett St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH 7 days one week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3, 1949 *to* 5-10, 1949 *that I last saw the deceased alive on* 5-9, 1949, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE Frank A. Saunders M.D.

23B. ADDRESS 929 N. Stricker St.

23C. DATE SIGNED 5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/13/49

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn

24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR Geo. H. Kelson ADDRESS 1323 Pressman St Balto. Md. 83a

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G74317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81

G74317

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Craig, Mr. Robert B.

2. DATE OF DEATH 5-11-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital

Length of stay in Baltimore 60 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1532 Jackson Street 4 4 07

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-30-1888

9. AGE (In years last birthday) 60 yrs. (If under 1 year: Months 8, Days 11; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10B. KIND OF BUSINESS OR INDUSTRY B & O Railroad

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Craig

14. MOTHER'S MAIDEN NAME Elizabeth Schnider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-85-6116

17. INFORMANT Addie Rae Tyler - Church Home Hosp. Records ADDRESS

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — 1wk.

DUE TO

(B) Adeno-carcinoma of the bladder & metastases — 10 mos.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8- , 1949 *to* 5-11 , 1949 *that I last saw the deceased alive on* 5-11- , 1949 *and that death occurred at* 9:55 P *m., from the causes and on the date stated above.*

23A. SIGNATURE F. Robert Haas M. D.

23B. ADDRESS Church Home & Hosp.

23C. DATE SIGNED 5-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE May 16, 1949

24C. NAME OF CEMETERY OR CREMATORY Loudon Park

24D. LOCATION (City, town, or county) (State) Balto.

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR C. J. Conard Evans ADDRESS 1400 Arlington Ave

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52B

G74318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Rev. 1

G74318

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): David Kerpelman

2. DATE OF DEATH: 12 May 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-13
D. STREET ADDRESS (If rural, give location): 2824 Boarman Ave

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (DOA) West Baltimore General Hospital

Length of stay in Baltimore: 37 Yrs.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 87 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joel
14. MOTHER'S MAIDEN NAME: Dora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (no or unknown)
16. SOCIAL SECURITY NO:
17. INFORMANT: Morris Kerpelman ADDRESS: 3506 Holmes Ave

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer M.D. M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 13 May 1949

24. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-13-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

151

93D

G74319 16 v v G74319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Crawford, Mr Joseph

2. DATE OF DEATH May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Broadway & Fairmount

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE 134 N Broadway Balto. COUNTY Md.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hosp.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City

Length of stay in Baltimore 54 yrs. Yrs. Mos. Days

7. STREET ADDRESS (If rural, give location) 134 N. Broadway 6 05

8. SEX	9. COLOR OR RACE	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. DATE OF BIRTH	12. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Aug 15 1881	68	8	26	8	25

13A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13B. KIND OF BUSINESS OR INDUSTRY	14. BIRTHPLACE (State or foreign country)	15. CITIZEN OF WHAT COUNTRY?
Salesman	Not known	Russia	Not known

16. FATHER'S NAME Crawford, Lewis

17. MOTHER'S MAIDEN NAME Cohen, Bessie

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

19. SOCIAL SECURITY NO

20. INFORMANT The deceased ADDRESS

21. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Recurrence squamous cell carcinoma lung, left	67 days.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Squamous cell carcinoma lung, left.	10 mos 12 dys
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. DATE OF OPERATION	21B. MAJOR FINDINGS OF OPERATION	22. AUTOPSY?
July 1948	Squamous carcinoma lung, left	YES ☐ NO ☑

23A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	23B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	23C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

23D. TIME OF INJURY (Month) (Day) (Year) (Hour)	23E. INJURY OCCURRED	23F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

24. I hereby certify that I attended the deceased from May 8 1949 to May 12, 1949 that I last saw the deceased alive on May 12, 1949, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

24A. SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
J. Robert Hearn, M.D.	Church Home & Hosp.	5-12-49

25A. BURIAL, CREMATION, REMOVAL (Specify)	25B. DATE	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (City, town, or county) (State)
Burial	5-13-49	Hebrew Mt Carmel	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
5 13 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eastern Ave

VS 150

47D

74320 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 D G74320 Registered No.

1. NAME OF DECEASED (Type or Print): Esther May Geisz

2. DATE OF DEATH: 5/11/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1408 Marshall St.

Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1408 Marshall Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	M	3/24/1893	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Thompson
14. MOTHER'S MAIDEN NAME: Idella Bangs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: None
17. INFORMANT: Family - Same ADDRESS

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
(B) Carcinoma of Breast — 6 mo.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1948, *to* 5-11-, 1949, *that I last saw the deceased alive on* 5-11, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M. D.
23b. ADDRESS: 707 E. Fort Ave
23c. DATE SIGNED: 5-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/14/49
24c. NAME OF CEMETERY OR CREMATORY: Loudon Park
24d. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] O'Reilly ADDRESS: 130 E. Fort Ave

VS 150

50

074321 BALTIMORE CITY HEALTH DEPARTMENT 074321

CERTIFICATE OF DEATH

163 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Whetstone

2. DATE OF DEATH 5/12/49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto
D STREET ADDRESS (If rural, give location) 1566 Ridgely St.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

Length of stay in Baltimore 30 Yrs. Mos. Days

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 3-22-98
9. AGE (If under 1 year, last birthday) 51 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman
10B. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Whetstone
14. MOTHER'S MAIDEN NAME Rachael Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No, or unknown)
16. SOCIAL SECURITY NO

17. INFORMANT Viola Truly ADDRESS Frostburg, Md

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Lung	6 mo
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION 1949
19B. MAJOR FINDINGS OF OPERATION Curetting of Lymph node Alveolar adeno Ca, metastatic
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-1949 to 5-12-1949 that I last saw the deceased alive on 5-12-1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23A. SIGNATURE Joseph F. Bowers M. D.
23B. ADDRESS Mercy Hosp
23C. DATE SIGNED 5-13-49

24A. BURIAL, CREMATION, OR REMOVAL (Specify) Burial
24B. DATE 5/16/49
24C. NAME OF CEMETERY OR CREMATORY Alleghany Cem
24D. LOCATION (City, town, or county) (State) Frostburg Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS 470 Hollins St.

VS 150

G74322 ✓ X G74322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80

BIRTH NO. G74322 Registered No.

NAME OF DECEASED (Type or Print) MR. William Bennett

2. DATE OF DEATH 5-11-49

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital

Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore - 21 Forest
D. STREET ADDRESS (If rural, give location) 205 Riverside Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	M	JAN. 18, 1891	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	Auto repair	MARYLAND	U.S.A.

13. FATHER'S NAME William F. Bennett

14. MOTHER'S MAIDEN NAME Edith BOZMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Miss C. Fogwell	Church Home + Hosp.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism
DUE TO Thrombosis of Vena Cava

(B)
DUE TO Hypernephroma Right Kidney

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-10 1949 to 5-11, 1949 *that I last saw the deceased alive on* 5-11, 1949 *and that death occurred at* 7.45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Tracy Mosser M.D.	C. Home Hospital	5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-14-49	Parkwood Mem	Taylor Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Tuttington Williams M.D.	John C. Mosser	3000 E. Baltimore St.

VS 150

52a

G74323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74323

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John B. Savage

2. DATE OF DEATH May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2500 Allendale Road

Length of stay in Baltimore 25 Yrs. ---- Mos. ---- Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2500 Allendale Road 15 38

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 9, 1875
9. AGE (In years last birthday) 74
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Plumbing Supplies
11. BIRTHPLACE (State or foreign country) Accomac Co., Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Asa Dix Savage
14. MOTHER'S MAIDEN NAME Margaret Braidwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Ethel West Savage ADDRESS 2500 Allendale Rd.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage and paralysis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) Cardio Vascular disease — 1
Arteri - sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 day, 19__, *to* May 12, 1949, *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 6 10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Walter Dubbett M. D.
23B. ADDRESS 2220 Garrison Blvd
23C. DATE SIGNED May 13/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/15/49
24C. NAME OF CEMETERY OR CREMATORY Wachapreague
24D. LOCATION (City, town, or county) Wachapreague (State) Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

93D

G74324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-20-1

Registered No. G74324

IRTH NO.

1. NAME OF DECEASED (Type or Print) George A. Muth

2. DATE OF DEATH May 11, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital

D. STREET ADDRESS (If rural, give location) 2418 E. Lafayette 8-0

3. Length of stay in Baltimore Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	Married	12/21/1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper Hanging	House Decorating	Bal'o. Md.	

13. FATHER'S NAME (Unknown) Muth

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Rose Lorsten	764 N. Montford Ave

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

(B) Subdural Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Left. Leg

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [✓] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Hospital	4940 Eastern Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
April 28, 1949 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Slipped to floor while walking Town hall

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C DATE SIGNED
Earl L. Kaye M.D.		May 12 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/14/49	Parkwood	Perryville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Cuthbert Williams, M.D.	Wm Frost, Inc	217 St. Paul St.

151

94a ✓

74325

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

154 G74325
Registered No.

1. NAME OF DECEASED (Type or Print) Virginia V. Engle

2. DATE OF DEATH 5/11/44

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 734 Melville Ave

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 734 Melville Ave 9 3

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED~~ WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 6/24/86
9. AGE (In years last birthday) 80 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Daisy
14. MOTHER'S MAIDEN NAME Ellen Dykes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT John P. Durkee ADDRESS 734 Melville Ave

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Coronarisclerosis.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Arteriosclerotic Heart Disease.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

over

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* May 10, 1944 *to* May 11, 1944, *that I last saw the deceased alive on* May 10, 1944, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE J. P. Friedman M. D. M.D.
23B. ADDRESS 1319 Cathedral St. 30
23C. DATE SIGNED 5/12/44

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/14/44
24C. NAME OF CEMETERY OR CREMATORY Western
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949
REGISTRAR'S SIGNATURE Tuthington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

VS 150

467

G74326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3531

Registered No. G74326

IRTH NO.

1. NAME OF DECEASED (Type or Print) NATHAN NEWELL CRAWFORD	2. DATE OF DEATH May 13, 1949
3. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3161 Ravenwood Road.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3161 Ravenwood Road.
Length of stay in Baltimore — Yrs. / Mos. / Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 2, 1885
9. AGE (In years last birthday) 63 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Inspector Retired	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waukon, Iowa	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John C. Crawford	14. MOTHER'S MAIDEN NAME Flora Newell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) Yes — (If yes, give war or dates of service) World 1	16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS Mr Edward A. Allanson, Glenside, Pa.	

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Epilepsy - Grand Mal — 11-12-41

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8- , 1941, *to* 5-1- , 1949 *that I last saw the deceased alive on* 5-1- , 1949 *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Nuelton C. Chaney M. D.	23B. ADDRESS 2117 Belair Rd	23C. DATE SIGNED 5-13-49
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/13/49	24C. NAME OF CEMETERY OR CREMATORY Waukon — 24D. LOCATION (City, town, or county) Waukon, Iowa (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR — ADDRESS William Cook, Inc., 1217 St. Paul St.

VS 150

94a

G74327

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 774

G74327.

Registered No.

1. NAME OF DECEASED (Type or Print) MRS. MAUDE FOSTER CRABBE

2. DATE OF DEATH 5-12-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MARYLAND B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 2901 MT. HOLLY ST.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL CALVERT & SARATOGA ST.

Length of stay in Baltimore 37 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	MARRIED	DEC 7, 1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	OHIO (Massachusetts)	USA

13. FATHER'S NAME DANIEL B. FOSTER

14. MOTHER'S MAIDEN NAME MARGARET JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
NO	NO	NO

17. INFORMANT MR. GEORGE CRABBE ADDRESS Balto.

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adrenal Insufficiency
DUE TO Addisons Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) Possible Adrenal TBC.
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1 yrs Known duration

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 22, 1949 *to* May 12, 1949, *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 8:25A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Kenneth M. Snulson M.D.	Mercy Hosp	5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-14-49	Bethel	London - Ohio

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Huntington Williams, M.D.	Elwood Moore Co.	Balto.

VS 150

21a

4328 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74328 Registered No.

1. NAME OF DECEASED (Type or Print): Ada Williams Green
2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2010 Hillside Drive #7

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

Length of stay in Baltimore: 7 Yrs.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 26, 1915
9. AGE (In years last birthday): 33 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10B. KIND OF BUSINESS OR INDUSTRY: A.A.Co. School
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A. J. Williams
14. MOTHER'S MAIDEN NAME: Emma Bradford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: 147-14-1912
17. INFORMANT: Mr. Robt. W. Green, 2010 Hillside Drive — ADDRESS

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hepatic insufficiency, renal insufficiency, bilateral chronic phlebo Thromboses	9 days +
DUE TO (B)	Broncho pneumonia + hewkemoid picture	34 yrs
DUE TO (C)	POLYCYTHEMIA Rubra vera	9 days +
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		34 yrs?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Multiple ecchymoses, ascites, icterus	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1949 *to* May 13, 1949, *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Louise Candler
23B. ADDRESS: Md. General Hospital
23C. DATE SIGNED: 5-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: May 13, 1949
24C. NAME OF CEMETERY OR CREMATORY: Zion Hill Cemetery
24D. LOCATION (City, town, or county) (State): near Ducktown, Tennessee

DATE RECEIVED BY LOCAL REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: E. W. Lamoreau — ADDRESS: 4510 Liberty Heights Ave.

VS 150

Admission from Surgery 5-4-49 to 5-13-49 Transferred from Medicine 5-12-49

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CERTIFICATE CORRECTED 5-25-49

G74329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74329

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH MYNAR

2. DATE OF DEATH May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 710 N. Luzerne Ave.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore 1912 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 710 N. Luzerne Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	March 11, 1893	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Johns Hopskins Hosp.	Czechoslovakia	U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes World War I		Mrs. Sophie Mynar	710 N. Luzerne Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Leukemia, Chronic Lymphocytic	5 yrs.
DUE TO		
ANTECEDENT CAUSES	(B) None	
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	DUE TO	
	(C) None	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Sept. 8, 1948 *to* May 12, 1949 *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas N. Green M.D.	Johns Hopkins Hospital	5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/16/49	Holy Redeemer Cemetery	4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AND ADDRESS
MAY 13 1949	Courtney Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street

74a

74330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74330

BIRTH NO. B.C.48-28927

1. NAME OF DECEASED (Type or Print): ROBERTA (CERNADLIA) CERNIGLIA*DJM

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 846 W. Baltimore Street 18 01

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 846 W. Baltimore Street

Length of stay in Baltimore: Life (Yrs. Mos. Days)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 8/26/48
9. AGE (In years last birthday): If under 1 Year: Months 8; Days; If under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Cerniglia
14. MOTHER'S MAIDEN NAME: Thelma Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr Robert Cerniglia ADDRESS: 2201 Collins St

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute tracheo-bronchitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: ____ m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 5-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/14/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd

DATE RECEIVED BY REGISTRAR: MAY 13 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Cowan & Son
ADDRESS: 901 Hollins St

151 106a

G74331 BALTIMORE CITY HEALTH DEPARTMENT G74331

CERTIFICATE OF DEATH

RTH NO. Registered No.

NAME OF DECEASED (Type or Print) , Prosper Plieg

2 DATE OF DEATH Sunday, May 8, 1949

PLACE OF DEATH Baltimore City, Maryland 1913 Eutaw Place

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twilight Nursing Home

Length of stay in Baltimore Unknown Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE 1913 Eutaw Place, Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland
D STREET ADDRESS (If rural, give location) 1913 Eutaw Place

SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years) last birthday	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Unknown	Unknown	79 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Chef	Unknown	Unknown	?

13. FATHER'S NAME Unknown

14 MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Mr. Jacob B. Ellinger, Proprietor	Twilight Nursing Home

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriorsclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January, 1949, *to* May 8, 1949, *that I last saw the deceased alive on* May 7, 1949, *and that death occurred at* 1:45 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
E. E. Ellinger M. D.	2431 Maryland Avenue, Baltimore	5-11-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 14, 1949	Cathedral	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Huntington Williams M.D.	H. H. Mears and Son	1015 N. Eutaw St.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G74332 — Registered No. 4no. 1 G74332

1. NAME OF DECEASED (Type or Print): EVELYN M. MARKS

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3726 Gibbons Ave.

Length of stay in Baltimore: 6 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3726 Gibbons Ave

5. SEX: female
6. COLOR or RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 26, 1879
9. AGE (In years last birthday): 70 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jonathan J. Peter
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO: -
17. INFORMANT: Mr. James I. Marks — ADDRESS: 3726 Gibbons Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis.
DUE TO
(B) Arterio-sclerotic Cardio-Vascular disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1946 *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 11:40 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: L B Stevens M. D.
23B ADDRESS: 3400 Edman Ave
23C DATE SIGNED: 5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/14/49
24C NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MAY 13 1949

93D

G74333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31 G74333 Registered No.

IRTH NO.

1 NAME OF DECEASED (Type or Print): CHARLES W. CLAYTON

2 DATE OF DEATH: May 11, 1949

3 PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2836 Rayner Ave.

Length of stay in Baltimore: 60 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2836 Rayner Ave.

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 1 Day: Hours, Min.
male	white	widowed	Nov. 12, 1868	80 yrs.		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	-	Maryland	

13. FATHER'S NAME: John W. B. Clayton

14 MOTHER'S MAIDEN NAME: Mary Elizabeth Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): -

16 SOCIAL SECURITY NO: -

17 INFORMANT: Mrs. H. M. Orndorff — ADDRESS: 2836 Rayner Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebr-Vascula Accident	10 days
	DUE TO	
ANTECEDENT CAUSES	(B) Arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1948 *to* May 11, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 12:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
I. Emmett Queen M.D.	101 N. Read St	May 12, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, Town, or County) (State)
Burial	5/14/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 13 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

82a

G74334 X420.1 G74334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

NAME OF DECEASED (Type or Print): Doub, Oscar E

2 DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Gen. Hosp.

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md. B COUNTY: Baltimore
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 115 Sanford Rd.

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 1 Day: Hours, Min.
M	W	W	Mar. 21, 1879	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Washington Co., Md.
12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David C. Doub
14 MOTHER'S MAIDEN NAME: Sally Eakle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Calvin Doub ADDRESS: 115 Sanford Av., Catonsville

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular disease manifested

DUE TO (B) by old myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Luetic aneurysm of arch of aorta

INTERVAL BETWEEN ONSET AND DEATH: (A) more than 5 years; (C) unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* May 12, 1949, *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 12:35 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Marvin W. Davis M. D.
23B. ADDRESS: West Balto Gen Hosp
23C. DATE SIGNED: May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/16/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

MD 150

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G74335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74335 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Peter P. Jika
2. DATE OF DEATH: May 11, 1949
3. PLACE OF DEATH: Baltimore City, Maryland — Baltimore
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. — B. COUNTY: Balto.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edison Highway Sinclair Lane
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-93
Length of stay in Baltimore: 50 Yrs. Mos. Days
D. STREET ADDRESS (If rural, give location): Edison Hway Sinclair Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Male	White	Widowed	June 29 19	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist	Florist	Bohemia	U. S. A.

13. FATHER'S NAME: Charles Jika
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Joseph P. Jika	

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cerebral Hemorrhage	May 6 to May 11
DUE TO	Chronic Myocarditis	July 5 48
(B)		
DUE TO	Generalized Arterio-sclerosis	Jan 1 1944
(C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 5 48, *to* May 11 49, *that I last saw the deceased alive on* May 11 49, *and that death occurred at* 6.30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Rymer M. D.	801 N Kenwood Ave	5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 14, 1949	Holy Redeemer	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	Huntington Williams, M.D.	Hugh Brockbank Son	900 N. Liberty

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74336
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74336
Registered No.

1. NAME OF DECEASED (Type or Print): Ellen Lee Young Bowling

2. DATE OF DEATH: May 13 1949

PLACE OF DEATH: Baltimore City, Maryland 4028 Belle Ave

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4028 Belle Ave

Length of stay in Baltimore: 42 Yrs. Mos. Days

15 10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
emale	White	Widow	Apr 23 1876	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Prince George Co.Md.	

13. FATHER'S NAME: Livingston I.Young

14. MOTHER'S MAIDEN NAME: Louisa Gwynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs.Richard R.Kane	4028 Belle Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Respiratory Failure	4 days
DUE TO		
(B)	Bronchiectasis	20 years
DUE TO		
(C)	Visceral Syphilis	20 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1929, 19__, *to* May 13, 1949, *that I last saw the deceased alive on* May 12 1949 *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. C. Samuels M. D.	45-09 Liberty Hgts	May 13

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16 1949	New Cathedral	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949		[illegible]	4204 Ridgewood Ave

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G74337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74337

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lee H. Silvers

2. DATE OF DEATH MAY 13 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore 2 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2131 N. Calvert St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthd	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Seperated	6-5-85	63	11	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew J. Silvers

14. MOTHER'S MAIDEN NAME Florence Honaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 221-14-1364

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
4/1/49	Generalized Carcinomatosis	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-17- 1949 *to* 5-13- 1949 *that I last saw the deceased alive on* 5-13- 1949 *and that death occurred at* 1:20 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William E. Chase M. D.	JOHNS HOPKINS HOSPITAL	5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 13-49	Evergreen Cem.	Roanoke, Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949		John F. Connelly	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN H. HUBNER

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

Length of stay in Baltimore: Yrs. ? Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 401 Edgewater Apts.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/10/06
9. AGE (In years last birthday): 42 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): South Portland, Maine
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Hubner
14. MOTHER'S MAIDEN NAME: Georgia E. Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT — ADDRESS: Records- US Marine Hospital, Balto, Md.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hypertensive cardiovascular disease with congestive failure.	Unknown
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949, *to* May 12, 1949, *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* 6:10A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 14-49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Taylor Ave. Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: John G. Connolly
ADDRESS: Essex

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74339 — 331 — G74339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

RTH NO. — Registered No. G74339

NAME OF DECEASED (Type or Print): ANNIE LEONARD

2. DATE OF DEATH: May 10, 1949

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 N. Chapel St.

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 806 N. Chapel St. 7-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	Aug. 6, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Vogler
14. MOTHER'S MAIDEN NAME: Annie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs May Walz, ADDRESS: Middle River, 12 Blister St.,

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 3 days
DUE TO
(B) Essential Hypertension — 3 days: -
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertension Cardio-vascular-Renal — -

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Linard Bill, M. D.
23B. ADDRESS: 1221 N Luzerne Ave
23C. DATE SIGNED: May 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/14/49	Oak Lawn	Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: William Cook, Inc., ADDRESS: 1217 St. Paul St.

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G74340 BALTIMORE CITY HEALTH DEPARTMENT 600 G74340

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sara Eckoff

2. DATE OF DEATH May 13 1949

PLACE OF DEATH: Baltimore City, Maryland Halsted 4

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore Yrs. 5 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8 06
D. STREET ADDRESS (If rural, give location) 715 E. Federal St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	W	8-18-77	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME Sam McCloskey

14. MOTHER'S MAIDEN NAME Christina Ruether

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pyelonephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes, Pernicious anemia, Carcinoma of uterus

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/10/49	Acute nephritis	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/10, 1949 *to* 5/13, 1949 *that I last saw the deceased alive on* 5/13, 1949 *and that death occurred at* 12:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lawrence C. Sisson Jr. M. D.	JOHNS HOPKINS HOSPITAL	5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/16/49	London Park	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	Huntington Williams, M.D.	Wilson & Doe	1217 E. Fayette St

VS 150

48 B

74341

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74341

Registered No.

1. NAME OF DECEASED (Type or Print) LOUISA FREDERICA FADUM

2. DATE OF DEATH May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2002 Ramblewood Road.

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2002 Ramblewood Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widow	April 10, 1858	91		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			

13. FATHER'S NAME Willia m Balke

14. MOTHER'S MAIDEN NAME Maria Balke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Mrs Ella Wood	2002 Ramblewood Rd.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO Atherosclerotic Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Chronic Nephritis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1949 *to* May 13, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 6:20 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr. Nathan Janney M. D.	710 Harford Rd.	5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/16/49	Western	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

1216

G74342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74342

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Nellie France

2. DATE OF DEATH: May 12 1949

3. PLACE OF DEATH: Baltimore City, Maryland — University Hospital

(If not in hospital or institution, give street address or location)

FULL NAME OF HOSPITAL OR INSTITUTION: University Hospital

Length of stay in Baltimore: Yrs. 9 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): School Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 15, 1879
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellicott City Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry France
14. MOTHER'S MAIDEN NAME: Elizabeth Whitten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: ##
17. INFORMANT: Edward France — ADDRESS: Ellicott City, Md.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Aplastic Anemia	
	DUE TO	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: May 6, 1949
19B. MAJOR FINDINGS OF OPERATION: Splenectomy for Anemia
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/5/49 19 , to 5/12/49 19 , *that I last saw the deceased alive on* 5/12/49 19 , *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J Bumback M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 5/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-16-49
24C. NAME OF CEMETERY OR CREMATORY: St. Johns
24D. LOCATION (City, town, or county) (State): Ellicott City, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Funeral for Millicent, M.D.
25. FUNERAL DIRECTOR — ADDRESS: F. C. Higinbothom, Ellicott City, Md.

VS 150

73D

G74343

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74343

1. NAME OF DECEASED (Type or Print): Robert L. Kaiss

2. DATE OF DEATH: May 13th. 1949

3. PLACE OF DEATH: Baltimore City, Maryland 3026 Chesterfield Avenue

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore: 55yrs Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY
3026 Chesterfield Avenue, Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
26-03
d. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	February 21,1894	55	2 / 12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineman	Balto.City Fire Dept	Baltimore, Maryland	

13. FATHER'S NAME: John Kaiss

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	None	Lillian N. Kaiss	3026 Chesterfield Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Liver	
	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Metastasis from colon.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of Colon.	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1, 1949, *to* 5-12, 1949, *that I last saw the deceased alive on* 5-8, 1949, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1040 Madison St.	5-14-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16, 1949	Holy Redeemer Cemetery	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	[signature]	Frederick D. Miller, Inc.	7019 E. Monument St.

VS 150

46E

G74344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74344

BTH NO.

1. NAME OF DECEASED (Type or Print) JOHN HARRIS

2. DATE OF DEATH MAY 12 1949

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 432 PARKMONT AVE.

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D STREET ADDRESS (If rural, give location) 131 E. WEST ST. 74 C 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
MALE	WHITE	SEPARATED.	MAY 2 1880	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	B & O. RAILROAD	MARYLAND	

13. FATHER'S NAME HARRIS

14 MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No or unknown)

16. SOCIAL SECURITY NO

17 INFORMANT — ADDRESS: MRS EVELYN UNDERWOOD — 1214 MARSHALL ST.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Cardiac Dilatation	1 day
DUE TO (B)	Cardio-vascular disease	?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hemiplegia	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* May 12, 1949 *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Klassman M. D.	2687 Madison Ave	May 13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 14'49	LOUDON PARK	BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	[illegible]	HARRY H WILTAKE	4101 EDMONDSON AVE

VS 150

93D

G74345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74345

1. NAME OF DECEASED (Type or Print): Harriet C. Buckner

2. DATE OF DEATH: May 11, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2501 Francis St.

Length of stay in Baltimore: 14 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2501 Francis St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 15, 1890
9. AGE (In years last birthday): 59 Yrs.
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mathews Co. Va.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Diggs
14. MOTHER'S MAIDEN NAME: Ruth Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Muriel Stewart
ADDRESS: 2501 Francis St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Sclerosis

DUE TO

(B) Generalized arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
(A) 3
(B) ?
(C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1949 *to* May 11, 1949 *that I last saw the deceased alive on* May 11, 1949 *and that death occurred at* 10 ½ *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. Clifford P. Amanda M. D.
23B. ADDRESS: 2309 Druid Hill Ave
23C. DATE SIGNED: May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 14, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Cemetary
24D. LOCATION (City, town, or county) (State): Baltimore co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. George H. Holland
ADDRESS: 1631 D. H. Ave

VS 150

94a

G74346 — BALTIMORE CITY HEALTH DEPARTMENT — G74346

CERTIFICATE OF DEATH

4 vol 1

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): ANNA M. HASLUP

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2307 W. Lafayette Ave.

Length of stay in Baltimore. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
4a. STATE: Md.
4b. COUNTY:
4c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
4d. STREET ADDRESS (If rural, give location): 2307 W. Lafayette Ave. 16 05

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Sept. 9, 1874
9. AGE (In years last birthday): 74 yrs. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Holly Springs, Pa.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Samuel W. Laird
14. MOTHER'S MAIDEN NAME: Rachael M. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. J. R. Bradberry — ADDRESS: 2307 W. Lafayette Ave.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Interval between onset and death: 30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — Interval between onset and death: few years.

DUE TO

(C) Mild Hypertension — Interval between onset and death: ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1939, *to* May 12, 1949, *that I last saw the deceased alive on* May 11, 1949, *and that death occurred at* 11.50 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Wellington Ford — M.D.
23B. ADDRESS: 20 E. Preston St.
23C. DATE SIGNED: 5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/16/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Holly Springs,
24D. LOCATION (City, town, or county) (State): Mt. Holly Springs, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: 5/14/49
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

94a

74347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

450 G74347

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): ALEXANDER BROWN

2. DATE OF DEATH: 5/13/49

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2500 Reisterstown Rd

Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2500 Reisterstown Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	widower	Oct 25 1858	90	6	18		

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Banker
11. BIRTHPLACE (State or foreign country): Balto, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Stewart Brown
14. MOTHER'S MAIDEN NAME: Harriett Easton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If no or unknown)
16. SOCIAL SECURITY NO.

17. INFORMANT: B.H. Griswold 3rd ADDRESS: 135 E. Balto. St.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1949 *to* May 13, 1949, *that I last saw the deceased alive on* May 11, 1949, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter B. Brack M. D.

23B. ADDRESS: 18 E. Eager St

23C. DATE SIGNED: Balto - 2

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 14 1949

24C. NAME OF CEMETERY OR CREMATORY: Green Mount

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Henry W. Jenkins & Sons ADDRESS: 4905 York Rd.

VS 150

97

74348 — BALTIMORE CITY HEALTH DEPARTMENT — G74348

CERTIFICATE OF DEATH

4/16

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna E. Gast

2. DATE OF DEATH: May 13-49

3. PLACE OF DEATH: Baltimore City, Maryland 401 Harris ave

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
401 Harris ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md
D. STREET ADDRESS (If rural, give location): Md

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	married	Dec 4-1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto	

13. FATHER'S NAME: Wm Trailer

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr John Gast ADDRESS 401 Harris ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart disease

DUE TO

(B) Chronic nephritis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE? (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1942 *to* May 13, 1949 *that I last saw the deceased alive on* 5/12, 1949 *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Rubin M. D.	2026 Eutaw pl	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16 49	Cedar Hill	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 14 1949	Huntington Williams, M.D.	Jos J Hess & Son	3001 Kentucky ave 1318

VS 150

74349 — BALTIMORE CITY HEALTH DEPARTMENT — G74349

CERTIFICATE OF DEATH

E974.D

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KONSTANTY WROBLEWSKI — N 991

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

3b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

3c. Length of stay in Baltimore: 11 mos (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 224 East Lafayette Avenue 17-05

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Married	Nov. 24, 1890	58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Miner (Retired)		Poland	

13. FATHER'S NAME: Stanley Wroblewski

14. MOTHER'S MAIDEN NAME: Alexandria Sinkacki

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Anna Wroblewski ADDRESS: 224 E. Lafayette Ave

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO

(B) Hanging

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 224 East Lafayette Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 12 49 ? m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Hanged self By rope from door frame

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L Boyd M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/16/49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: H. H. Mears and Son ADDRESS: 805 N. Calvert St

164a

74350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161

G74350 Registered No.

RTH NO.

NAME OF DECEASED (Type or Print) Wladyslaus Iczkowski

2. DATE OF DEATH May 11 1949

PLACE OF DEATH: Baltimore City, Maryland 1517 Lancaster St.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1517 Lancaster Street

Length of stay in Baltimore: Yrs. 43 Years; Mos.; Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
ele	White	Married	Aug. 1896	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: asimier Iczkowski

14. MOTHER'S MAIDEN NAME: Julia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-3480

17. INFORMANT: Mrs. Aleksandra Iczkowski — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma larynx
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION: month ago
19B. MAJOR FINDINGS OF OPERATION: Carcinoma
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 1946 *to* May 2, 1949 *that I last saw the deceased alive on* May 2, 1949, *and that death occurred at* 11 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sigmund R. Nowak M. D.
23B. ADDRESS: 408 S. Patt. Pk. Av.
23C. DATE SIGNED: May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-16-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. County

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John M. Deber
ADDRESS: 401 S. Chester Street

VS 150

47a

74351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74351 Registered No.

BIRTH NO. D.C. G-08147

1. NAME OF DECEASED (Type or Print) Clarence Robinson

2. DATE OF DEATH May 12, 1949

PLACE OF DEATH: Baltimore City, Maryland Balto city

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1310 Penna ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1310 Penna ave

Length of stay in Baltimore Life (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
m	c	single	Sept 2, 1944	4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Calvin Johnson

14. MOTHER'S MAIDEN NAME Margie Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Edna Robinson ADDRESS 1310 Penna ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic fever. — INTERVAL BETWEEN ONSET AND DEATH 4 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE H. Hale Shirkell Jr. M. D.

23B. ADDRESS 902 W. Franklin

23C. DATE SIGNED 5-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE May 16, 1949

24C. NAME OF CEMETERY OR CREMATORY mt auburn.

24D. LOCATION (City, town, or county) (State) md

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR George D. Kelson

ADDRESS 1303 Forstman St

58E

G74352

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74352

Registered No.

1. NAME OF DECEASED (Type or Print): Julia Morrison

2. DATE OF DEATH: May 11, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

3b. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
4a. STATE: Maryland
4b. COUNTY:
4c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
4d. STREET ADDRESS (If rural, give location): 1517 N. Stricker St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	M	9/19/1901	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Annie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marie Banks ADDRESS: 1317 N. Fulton Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Hypertension & P. V. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: [signature] M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED: May 12, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/16/49

24c. NAME OF CEMETERY OR CREMATORY: Mt Auburn

24d. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949

REGISTRAR'S SIGNATURE: [signature], M.D.

25. FUNERAL DIRECTOR: Geo. G. Kelson ADDRESS: 1303 Presstman St.

151

93D

G74353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74353

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAMIE CATHERINE STEDDING

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4829 Windsor Mill Rd

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimor
D. STREET ADDRESS (If rural, give location): 4829 Windsor Mill Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 4, 1883
9. AGE (In years last birthday): 65 yrs. — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R. Neale
14. MOTHER'S MAIDEN NAME: Catherine Imhoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: no

17. INFORMANT: Mr. Jack Stedding — ADDRESS: 3227 Westmount Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 mo.

DUE TO

(B) Arteriosclerosis

DUE TO

(C) Hypertensive Cardio Vasc. Dis. — approx. 15 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus — 1½ yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* May 47, to May 13, 49, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert S. Goldstone M.D. M.D.
23B. ADDRESS: 1810 Eutaw Place
23C. DATE SIGNED: May 14, 1949.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/15/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 14 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

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G74354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17° G74354 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) M. Madeline Malloy

2. DATE OF DEATH May 12-1949

3. PLACE OF DEATH: Baltimore City, Maryland Balto. Md.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 414 Sander St.

Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 414 Sanders St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City
D. STREET ADDRESS (If rural, give location) 414 Sanders St.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 2-1908
9. AGE (In years last birthday) 41 If under 1 year: Months Days If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hubert T. Malloy
14. MOTHER'S MAIDEN NAME Mary C. Fortmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mary C. Malloy ADDRESS 414 Sanders St.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Breast.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C) Metastasis - Lungs.

INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION Dead 2 yrs ago
19B. MAJOR FINDINGS OF OPERATION Carcinoma Breast. Glands in axilla.
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 3/10 19 49 *to* May 12, 19 49 *that I last saw the deceased alive on* 5/11, 19 49 *and that death occurred at* 10 30 *m., from the causes and on the date stated above.*

23A. SIGNATURE Arthur G. Schmeisch M.D. M. D.
23B. ADDRESS 1337 S. Charles St.
23C. DATE SIGNED 5/13/49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 16-1949
24C. NAME OF CEMETERY OR CREMATORY Holy Cross
24D. LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1949
REGISTRAR'S SIGNATURE Tunstington Williams, M.D.
25. FUNERAL DIRECTOR Flynn & Fleming ADDRESS 1426 Light St.

VS 150

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74355 ✓ 331 G74355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print): Bertie M. Redmond

2. DATE OF DEATH: 5-11-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1269 N. Amity St.

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1269 N. Amity St 16-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	Single	April 5, 1907	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Va.	

13. FATHER'S NAME: Smith Redmond

14. MOTHER'S MAIDEN NAME: Harriett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.

17. INFORMANT: Florence Jackson ADDRESS: 1269 N. Amity St

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) Hypertension

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 9 49 19 , *to* 5/11 , 19 49 , *that I last saw the deceased alive on* 5/11 49 , 19 , *and that death occurred at* 9:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D. Conner	253 Carey St	5/14/49

A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/14/49	Mt Auburn	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/14/49	[illegible] for [illegible] M.D.	Mrs Katie B Williams	922 N Schroeder St

VS 150

83-a

G74356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4200 G74356 Registered No.

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Violet Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME Rebecca Sacks

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Harry L.
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1877

AGE: Years 72 | Months | Days | If less than one day hr. min.

Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

12. Name Samuel Sablowitz
13. Birthplace Russia

14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Miss Henreitta Sacks
(b) Address 2815 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1949 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave & Phila Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

MAY 16 1949 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15- 1949, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1949, to 5-15 1949, and that I last saw her alive on 5/15 1949.

Immediate cause of death Myocard. infarction
Pulmonary Edema
Rt + left Ventricular failure
Due to Arteriosclerotic Htt. Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marjorie Ozman M.D.
Address Sinai Hosp. Date signed 5/15/49 M.D.

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93D

G74357 BALTIMORE CITY HEALTH DEPARTMENT G74357
CERTIFICATE OF DEATH
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 3735 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME Morris Nechamkin

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE Years	Months	Days	If less than one day hr.	min.
63				

8. Birthplace Russia (Town, county, and state)
9. Usual Occupation Retired
10. Industry or business

11. Name Nathan
12. Birthplace Russia
13. Maiden Name not known
14. Birthplace Russia

15 (a) Informant Kate Nechamkin
(b) Address 3735 Reisterstown Rd

16 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-49 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave

17 (a) Funeral director Jack Lewis Inc
(b) Address 260 Eutaw Place

18 MAY 15 1949 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1949, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1949 to 5/14 1949 and that I last saw h[illegible] alive on 5/14 1949

Immediate cause of death Coronary Occlusion — Duration

Due to Arterio Sclerotic Htt Dis.

Due to

Other Conditions Old Cerebrovascular Accident

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Ettor MD
Address Sinai Hospital Date signed 5/14/49

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925

CERTIFICATE CORRECTED 6-28-49

G74358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

No. 1

G74358

Registered No.

BIRTH NO.

NAME OF DECEASED (Type or Print) NATHAN GOLDSTEIN

2. DATE OF DEATH 6-13-49

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4006 Carlisle Ave

Length of stay in Baltimore 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 4006 Carlisle Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	July 15 1879	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Latvia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not known

14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No or unknown)

16. SOCIAL SECURITY NO

17. INFORMANT Annie Goldstein ADDRESS 4006 Carlisle Ave

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Sclerosis of Coronary arteries	6 years
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19, *to* 6/13, 1949, *that I last saw the deceased alive on* 6-5, 1949, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Preston B Kinsman M.D.	2320 Entaw Pl	6/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-15-49	Hebrew Mt Carmel	Dulto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 15 1949	Huntington Williams M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

94a

G74359 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
451 G74359 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ABRAHAM J. SALTZMAN
2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH: Baltimore City, Maryland
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt Sinai Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 12
D. STREET ADDRESS (If rural, give location): 3724 Lesterstown Road

Length of stay in Baltimore: 60 Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Leba
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Leah Levy ADDRESS: 3724 Lesterstown Rd

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary infarction — 12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) Pleb. thrombosis deep veins r. leg — several days?

DUE TO (C) Diabetes mellitus
Generalized arterio sclerosis — 20 years
Cerebral vascular accident 1945

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19[illegible] *to* May 14, 1949, *that I last saw the deceased alive on* May 13, 1949, 2 PM *and that death occurred at* 2 45 PM, *from the causes and on the date stated above.*

23A. SIGNATURE: Jack Cohen, M. D.
23B. ADDRESS: 1804 Eutaw Place
23C. DATE SIGNED: 5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-15-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 15 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 2100 Eutaw Pl

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G74360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 978 G74360

BIRTH NO. G74360 — Registered No.

1. NAME OF DECEASED (Type or Print): Harry Silver N-8030

2. DATE OF DEATH: 5/13/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto Emergency Hospital

c. Length of stay in Baltimore: Yrs. 1yr Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
d. STREET ADDRESS (If rural, give location): 4312 W. Cold Spring Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	Divorced		38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney		Baltimore Md	

13. FATHER'S NAME: Pergadis

14. MOTHER'S MAIDEN NAME: Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT: Sarah Levine — ADDRESS: 3924 Foarman Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fractured Skull
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	about home	4312 W. Cold Spring Lane

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY occur?
5/9/49 6P m.		Jumped from 2nd Floor Window

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23a. SIGNATURE	23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23c. DATE SIGNED
C. K. Tulsinger M.D.		5/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-15-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

164E

G74361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74361

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTHER F HERMAN

2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Feinblatt Home

Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 3404 Woodbrook Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 80 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Lenette Herman ADDRESS: 2200 Eutaw Pl

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis — Interval between onset and death: 1 day

DUE TO
(B) Coronary artery disease — 2 months

DUE TO
(C) arterio-sclerosis — 5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, to May 14, 1949, *that I last saw the deceased alive on* May 15, 1949, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Frederick Lentz M. D.
23b. ADDRESS: Temple Gardens
23c. DATE SIGNED: May 16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-49
24c. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run
24d. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: 15 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

94a

G74362 X ✓ 401.1 G74362 2.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Respo, Rachel

2. DATE OF DEATH 5-14-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

Length of stay in Baltimore Yrs. / Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerstown
D. STREET ADDRESS (If rural, give location) 251 S Prospect

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	Married	Mar 25, 1923	26		

9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	Hospital	Hagerstown, Md	USA.

13. FATHER'S NAME Floyd Gerhart

14. MOTHER'S MAIDEN NAME Lowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Husband	251 S. Prospect Hagerstown

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Embolus
DUE TO
(B) Subacute Bacterial Endocarditis
DUE TO
(C) Rheumatic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-14, 1949, *to* 5-14, 1949, *that I last saw the deceased alive on* 5-14, 1949, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Halsted Eppes M. D.	University Hospital	5-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Smithburg Cem	Smithburg Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 15 1949	Washington Williams, M.D.	H. K. Coffman	Hagerstown Md. 95B

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150.1 Registered No. G74363

BIRTH NO. G74363

1. NAME OF DECEASED (Type or Print) Samuel Mc Mullen

2. DATE OF DEATH 5/13/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01
D. STREET ADDRESS (If rural, give location) Biddle Little Sisters, Valley & Eutaw Sts

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	widower	1/8/	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		New York	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Little Sisters	1200 Valley St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease - Associated c Congestive Heart Failure /

DUE TO (B) Acute.

DUE TO (C) Arteriosclerotic Gangrene of Rt. Foot

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/12/49	Arteriosclerotic Gangrene of Rt. Foot	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/26, 1949, to 5/13, 1949, *that I last saw the deceased alive on* 5/13, 1949, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter J. Benard M. D.	St. Agnes Hospital	5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16 1949	Druid Ridge	Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, MD	Rita Wiedefeld	900 E. Biddle St

93D

1262 374364 — BALTIMORE CITY HEALTH DEPARTMENT — 64

CERTIFICATE OF DEATH

17 Registered No. 374364

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pauline Feldman

2. DATE OF DEATH: MAY 13 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2401 Chessell Ct. 25 06

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-14-1918
9. AGE (In years last birthday): 31
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Williams Stunkle
14. MOTHER'S MAIDEN NAME: Minnie Shuemaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-01-3840
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

(B) Hydronephrosis and hydroureter — Unknown

DUE TO

(C) Carcinoma of Cervix L of M stage IV

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 5-13-, 1949 *to* 5-13-, 1949, *that I last saw the deceased alive on* 5-13, 1949, *and that death occurred at* 11-P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert A. Spierling M.D. M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 17, 1949
24C. NAME OF CEMETERY OR CREMATORY: Bath Nation
24D. LOCATION (City, town, or county) (State): Bath Balto

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: A. Kahn & E. Ellis
ADDRESS:

48a

G74365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74365 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HATTIE SHELTON SELLERS

2. DATE OF DEATH May 12, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charlottesville
D. STREET ADDRESS (If rural, give location) Route #1 Box 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	colored	Widowed	5-27-1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cooking	Pvt. family	Albemarle Cty. Va.	

13. FATHER'S NAME: Louis Sellers

14. MOTHER'S MAIDEN NAME: Harriett Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Pearl Bryant	Charlottesville, Va.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
Paul L. Ryan M.D		May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Fifth Street Cemetery Charlottesville Va.	Charlottesville Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 15 1949	Thomas Livingston Williamsburg, Va.	Helen E. Delozier	Charlottesville, Va.

151

94a

74366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 Registered No. G74366

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clinton Carmoh

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: Baltimore City, Maryland Med. Ward 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Dorchester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
D. STREET ADDRESS (If rural, give location): 1 Clinton

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore: 3 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years—last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	8-14-94	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaning Plant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alec. Robinson
14. MOTHER'S MAIDEN NAME: Sarah Laws

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-26-, 1949 *to* 5-15-, 1949, *that I last saw the deceased alive on* 5-15-, 1949 *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bertram E. Sprague M. D.	JOHNS HOPKINS HOSPITAL	5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 19, 1949	Waugh Cemetery	Cambridge Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	Herbert H. Haugh	Cambridge Md

VS 150

479

1274367 ✓ 1274367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 443 Registered No.

1. NAME OF DECEASED (Type or Print) ELIZABETH KUMMEL

2. DATE OF DEATH May 13. 1949

3. PLACE OF DEATH: Baltimore City, Maryland Baltimore

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1006 Scott St.

Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1006 Scott St. 21-02

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Aug 28. 1873

9. AGE (In years last birthday) 75

If Under 1 Year: Months 8 Days 15

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank C. Kummel

14. MOTHER'S MAIDEN NAME Anna M. Grubert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO —

17. INFORMANT Augusta Kummel ADDRESS 1006 Scott St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 1 da

DUE TO

(B) Hypertensive Cardiovascular Disease — 4 yr

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10 1944 *to* 5-13 1949 *that I last saw the deceased alive on* 5/13 1949 *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Joseph G Lankarts M. D.

23B. ADDRESS 679 Washington Blvd

23C. DATE SIGNED 5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 17-1949

24C. NAME OF CEMETERY OR CREMATORY London Park

24D. LOCATION (City, town, or county) (State) Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949

REGISTRAR'S SIGNATURE Twitington Williams, M.D.

25. FUNERAL DIRECTOR Wm. Wm. John W. Teufel & Son

ADDRESS 5311 Edmondson Ave

937

74368 ✓ G74368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 420.1

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) MR. BENJAMIN F. HECHT

2. DATE OF DEATH 5/14/49

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17
D. STREET ADDRESS (If rural, give location) EMERSONIAN APTS. 12-1

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED ~~WHITE~~

8. DATE OF BIRTH 12/29/1865 | 9. AGE (In years last birthday) 83 | If Under 1 Year Months Days — | If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BALTIMORE MD. | 12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME JACOB HECHT

14. MOTHER'S MAIDEN NAME AMELIA ROSENWALD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT U.M.H. Records ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Acute Coronary Occlusion + Myocardial Infarction (old) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO (B) Arteriosclerotic Cardiovascular Disease, severe — ?

(C) — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/12/, 1949 *to* 5/14/, 1949, *that I last saw the deceased alive on* 5/14/, 1949, *and that death occurred at* 1002 A *m., from the causes and on the date stated above.*

23A. SIGNATURE J. Frank Supplee, III M. D. | 23B. ADDRESS UNION MEMORIAL HOSPITAL | 23C. DATE SIGNED 5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/16/49 | 24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship | 24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY REGISTRAR MAY 16 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Sol Levinson & Bros. | ADDRESS St. Paul St.

VS 150

937

G74369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74369 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Happ

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR [illegible] (If not in hospital or institution, give street address or location): St. Joseph's

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 110 S. Ellwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
M.	W.	Married	Sept. 13, 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (Pensioner)		Baltimore	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Acute~~ Coronary arteriosclerosis

DUE TO: Myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B) Hypertension, Chronic nephritis

DUE TO: renal disease

(C) Acute ? Chronic bronchopneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 7, , 1949 *to* May 15, , 1949, *that I last saw the deceased alive on* May 15, , 1949 *and that death occurred at* 5:00a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William R. Rogers M.D.	1400 N. Caroline St.	May 15, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Oak Lawn	Rolfate Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	[illegible] Allinette M.D.	Ulmer Funeral Home	2800 Eastern Ave

VS 150

131a

G74370 G74370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Greif

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 5407 Summerfield Ave.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5407 Summerfield Ave. 26-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	June 24, 1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Germany	

13. FATHER'S NAME: Johann Sause

14. MOTHER'S MAIDEN NAME: Anna Ruebling,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT — ADDRESS: Mrs. Elizabeth Schmitz 5405 Summerfield

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Generalized Arteriosclerosis	15 yrs
DUE TO	Senility	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)	Cerebral Hemorrhage	12 hours
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 12, 1949 *to* May 12, 1949, *that I last saw the deceased alive on* May 12 1949, *and that death occurred at* 7:10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Lachman M. D.	4530 Belair Rd	May 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16 1949	Parkwood	Balto Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
MAY 16 1949	Livingston Williams, M.D.	Wilhelm Funeral Home 2008 Orleans

VS 150

83a

74371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74 G74371

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Helen Frances Parker

2. DATE OF DEATH: May - 13 - 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hosp. Women Maryland

Length of stay in Baltimore: 31 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore City - 30 -
D STREET ADDRESS (If rural, give location): 2419 Banger St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar - 21 - 1918
9. AGE (In years last birthday): 31 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore - Md.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Karopchinsky
14. MOTHER'S MAIDEN NAME: Mary ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No —
16. SOCIAL SECURITY NO:
17. INFORMANT: Walter E. Parker ADDRESS: 2419 Banger St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ureteral Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 6 mos approx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Uterus — 2 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar - 29 -, 1949, *to* May - 13 -, 1949, *that I last saw the deceased alive on* May - 13 -, 1949, *and that death occurred at* 12 29 *m., from the causes and on the date stated above.*

23A. SIGNATURE: George H. Tenney M. D.
23B ADDRESS: Hosp. Women Md
23C DATE SIGNED: V. 13. 49

24A. BURIAL, CREMATION OR REMOVAL (Specify): Burial
24B. DATE: May 17 49
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellen Funeral Home ADDRESS: 2008 Aliceanna

VS 150

48 B

G74372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 Registered No. G74372

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SYLVESTRAS LIMBA (LIMBA)

2. DATE OF DEATH 5/14/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTO. GEN. HOSP.

Length of stay in Baltimore 40 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 750 W. Lombard St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	S	1891	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lithe
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-09-1760
17. INFORMANT John Limba ADDRESS 1610 Elmtree Ct

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH 4 days.
DUE TO
(B) Ruptured sigmoid colon
DUE TO
(C) Carcinoma Sigmoid colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/11/49	Generalized peritonitis	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5/11, 1949 to 5/14, 1949 that I last saw the deceased alive on 5/14, 1949 and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marvin C. Findley M.D.	1213 Light Street	5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	May 17-49	Holy Cross	Anne Arundel County

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE Clayton Williams
25. FUNERAL DIRECTOR Joseph Kassastras Inc ADDRESS 602 Wash. Blvd

VS 150

46E

G74373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-20-1 G74373

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Albert Glaser

2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3914 Ridgewood Ave

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial

3. Length of stay in Baltimore: 30 Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 42 | If under 1 Year: Months, Days | If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peddler
10B. KIND OF BUSINESS OR INDUSTRY: Fruit
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis
14. MOTHER'S MAIDEN NAME: Libby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Gertrude Glaser 3914 Ridgewood ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.):
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy / Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Emil L Rogen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5-15-49

24. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-16-49
24C. NAME OF CEMETERY / CREMATORY: Hebrew Hebrew Rom
24D. LOCATION (City, Town, or County) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levow Inc
ADDRESS: 2100 Eutaw Pl

151

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G74374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74374

BIRTH NO.

Registered No. 16

1. NAME OF DECEASED (Type or Print): Eva Novick

2. DATE OF DEATH: 5-16-49

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4102 Belle Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4102 Belle Ave

Length of stay in Baltimore: 35 Yrs. 15 Mos. 10 Days

3. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 69
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Morris Lockman ADDRESS: 402 Belle Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Bronchogenic carcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arterio-sclerosis — 8 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 1920 *to* May 16, 1949, *that I last saw the deceased alive on* May 15, 1949, *and that death occurred at* 3:20 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jacob Cohen M.D. M. D.
23B. ADDRESS: 1804 Eutaw Place
23C. DATE SIGNED: 5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-16-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town or county) (State): Jacksonville Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

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74375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74375

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Fred Rice

2. DATE OF DEATH: May 14, 1949 2 A.M.

3. PLACE OF DEATH: Baltimore City, Maryland 109 W. Perry St.

FULL NAME OF HOSPITAL OR INSTITUTION: —

(If not in hospital or institution, give street address or location)

Length of stay in Baltimore: 10 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 109 W. Perry St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Married	1904	45	?	?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Poultry

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Marie Rice ADDRESS: 109 W. Perry St.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5-6 mo.

DUE TO

(B) Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) None

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1949 *to* May 14, 1949, *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John W. Davies M. D.	507 W. Hamburg St	5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16-49	Mt Calvary	a. a. Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	James A. Hayes	142 Lexington St

VS 150

937

74376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42.1 G74376

RTH NO. Registered No.

NAME OF DECEASED (Print)
WILLIAM. THOMAS SAVAGE

2. DATE OF DEATH MAY 13 1949.

PLACE OF DEATH: Baltimore City, Maryland 773 W PRATT ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE BALTIMORE CITY B. COUNTY MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY

Length of stay in Baltimore LIFE Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 773 WEST PRATT STREET. 21.01

SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) (If under 1 day)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
ALE	COLORED.	MARRIED	APRIL 25 1881	67. YRS				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	—	Cab. Co. md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Savage	Jane Vaughn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Elsie Savage	773 W. Pratt St

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS APRIL 26 — INTERVAL BETWEEN ONSET AND DEATH 1949.

DUE TO

(B) ARTERIOR SCLEROSIS 1949.

DUE TO

(C) CHRONIC INTERSTITAL NEPTHRITIS 1949

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
NONE	NONE	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* APRIL 26, 1949 *to* MAY 13, 1949 *that I last saw the deceased alive on* MAY 13, 1949, *and that death occurred at* 3.30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Chas F Mantue M. D.	3013 ST PAUL STREET	MAY 13 1949

A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 17-49	Mt Calvary	a a. Co md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	James A Hayes	142 N Gilmor St

VS 150

131a

4377 — BALTIMORE CITY HEALTH DEPARTMENT — G74377

CERTIFICATE OF DEATH

331 — Registered No.

BIRTH NO.

NAME OF DECEASED (Type or Print): Mrs. Laura Virginia Brittingham

2. DATE OF DEATH: May 13, 1949

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3525 Roland Avenue

Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3525 Roland Avenue 13-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	April 1, 1861	88				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Edward Melvin

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. H. W. McCubbin — ADDRESS: Owings Mills, Md.

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 mins.

DUE TO

(B) Generalized arteriosclerosis — 25 Years

DUE TO

(C) Calcific aortic Stenosis - Diverticulosis Colon - — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 December 1947 *to* 13 May 1949, *that I last saw the deceased alive on* 13 May 1949 *and that death occurred at* 11 55 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 2020 N. Charles St.

23C. DATE SIGNED: 14 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 16, 1949

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge

24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road

VS 150

92a

4378 JL- 121822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74378

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carrie Josephine Antkowiak

2. DATE OF DEATH 5-14-49 Mdt.

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 4324 Fairhaven Ave.

Length of stay in Baltimore 9 mos. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	Married	June 2, 1915	33		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME Alexander Dawidowicz

14. MOTHER'S MAIDEN NAME Sophia Kawlska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT B. C. H. Records, 4940 Eastern Ave. ADDRESS

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced Bilateral Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malmutrition due Pulmonary Tuberculosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4-48, 19__, *to* May 14, 19 49 *that I last saw the deceased alive on* May 14, 19 49, *and that death occurred at* 12 Mdt *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
B. C. Rogers M. D.	4940 Eastern Ave.	5-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 18-49	Holy Cross	A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	Wm. S. Fialkowski	2007 Eastern Ave

VS 150

13B

74379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

560-0

Registered No. C74379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Broadway
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital ~~or institution (yrs., mos.~~, or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 15-05
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3244 Tioga Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME BERNARD ROSENTHAL

(b) If veteran, name war

3 (c) Social Security Account No. 218-03-9919

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

(b) Name of husband ~~or wife~~ Bernard Rosenthal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1872

AGE: Years 76 | Months 7 | Days 19 | If less than one day hr. min.

8. Birthplace Balto Md (Town, county, and state)

9. Usual Occupation Retired

10. Industry or business — —

12. Name Samuel Rosenthal

13. Birthplace Germany

14. Maiden Name Blumenthal

15. Birthplace Germany

16 (a) Informant Mr Melvin Rosenthal

(b) Address 3244 Tioga Pkwy

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 5 17 1949 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oheb Shalom

Location 6130 Stonewall St

18 (a) Funeral director David Sondheimer

(b) Address 1902 Eutaw Place

MAY 16 1949 (Date Rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 14 1949 at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 19 49 to May 14 19 49, and that I last saw him alive on MAY 14 19 49

Immediate cause of death	Duration
Coronary thrombosis &	
Myocardial Infarction	
Due to Post Operative	
Left Inguinal Hernioplasty	
Due to	
Other Conditions Generalized Arteriosclerosis & HBP	

(Include pregnancy within 3 months of death)

Date of operation 5-9-49

Major findings of operation: Large Sliding Direct Inguinal Hernia

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Kot M. D.

Address Sinai Hosp Date signed 5/14/49

VS 135

122a

4280

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16

Registered No. G74380

1. NAME OF DECEASED (Type or Print) Samuel J Rosenzwog

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4601 Pall Mall Road

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3814 Falls Road 13 08

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 19, 1895
9. AGE (In years last birthday) 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Rosenzwog
14. MOTHER'S MAIDEN NAME Esther Kushner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Harold Rosenzwog ADDRESS 3814 Falls Road

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO Carcinoma of lung, & metastasis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO —
(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH about a yr.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Jan. 19, 1949 to May 15, 1949 *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 10:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Nathaniel Stupnitz M. D.
23B ADDRESS 1810 Eutaw Pl.
23C DATE SIGNED 5/16/49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 16, 1949
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem
24D LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949
REGISTRAR'S SIGNATURE [illegible]
25 FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1126 W North Ave

VS 150

479

74381

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74381

1. NAME OF DECEASED (Type or Print) Mary Greene Parker

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 2001 Park Avenue

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

Length of stay in Baltimore 6 months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE New York
B. COUNTY Dutchess
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hyde Park
D. STREET ADDRESS (If rural, give location) -----

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH August 5, 1861
9. AGE (In years last birthday) 87 (If Under 1 Year: Months, Days) (If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hyde Park, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles B. Greene
14. MOTHER'S MAIDEN NAME Julia Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Miss Julia A. Parker - ADDRESS 1922 Mt. Royal Terrace

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Interval between onset and death: 1 hr
DUE TO
(B) Arterio-Sclerosis — Interval between onset and death: Gradual
DUE TO
(C) Myocarditis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 15, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE W. Mosby M.D.
23B. ADDRESS 1403 Park Ave., Baltimore
23C. DATE SIGNED 5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/18/49
24C. NAME OF CEMETERY OR CREMATORY Poughkeepsie Rural
24D. LOCATION (City, town, or county) (State) Poughkeepsie, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place
Malcolm Mitchell

VS 150

927

G74382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74382

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): HOWARD L. GEPPERT

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3023 Frisby Street

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 3023 Frisby Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 10, 1894
9. AGE (In years last birthday): 54 yrs. | Months | Days | If under 1 year: Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lithographer
10B. KIND OF BUSINESS OR INDUSTRY: Ganse Lith. Co.
11. BIRTHPLACE (State or foreign country): Lancaster, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph L. Geppert
14. MOTHER'S MAIDEN NAME: Elizabeth Mary Peters
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): yes — World War #1
16. SOCIAL SECURITY NO: 212-01-2566
17. INFORMANT: Mrs. J. Holman — ADDRESS: 1530 Moreland Ave.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO

(B) Hypertension & arteria - sclerotic Cardio - vascular disease with Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Probably 6 mos.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1949, *to* May 13, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 11.30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. W. Billups M. D.
23B. ADDRESS: 2224 N. North Ave
23C. DATE SIGNED: May 14 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Lucinda for Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

937

G74383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74383

Registered No. 1437

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sophia CARRIE I WOOD

2. DATE OF DEATH: 5/15/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL

Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
d. STREET ADDRESS (If rural, give location): 632 WASHINGTON BLVD #30

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	M	Oct. 8 1876	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hsw.		Calvert Co., Md.	

13. FATHER'S NAME: William J. Stevens

14. MOTHER'S MAIDEN NAME: Mary E. Hardesty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Miss Norma E. Wood	632 Washington Blvd.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(a) Cerebral Thrombosis
DUE TO
(b) Hypertension Arteriosclerosis
Cardiovascular Disease
DUE TO
(c)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/3 19 49 *to* 5/15 19 49 *that I last saw the deceased alive on* 5/15 19 49 *and that death occurred at* 5:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Charles J. Black Jr. M.D.	Maryland General	5-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/18/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	[illegible] Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

G74384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Lot 1

G74384

IRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): BERNARD S. LANHAM

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3225 Presstman Street

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3225 Presstman St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 26, 1878
9. AGE (In years last birthday) / If Under 1 Year: Months Days / If Under 24 Hours: Hours Min.: 71 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10B. KIND OF BUSINESS OR INDUSTRY: McCormick & Co.
11. BIRTHPLACE (State or foreign country): Prince George Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Buy Lanham
14. MOTHER'S MAIDEN NAME: Maria Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Edgar Lanham — ADDRESS: 3225 Presstman St.

CAUSE OF DEATH

16. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, generalized — years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1949 *to* May 13, 1949 *that I last saw the deceased alive on* May 13, 1949 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. Williamson II M. D.
23B. ADDRESS: 3325 Frederick Ave
23C. DATE SIGNED: 5/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

FILED RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
MAY 16 1949

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

94a

G74385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74385

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY F. GEISEMAN

2. DATE OF DEATH: May 15 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 615 N. Stanbury

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec 1, 1880
9. AGE (In years last birthday): 68 | Under 1 year: Months, Days | Under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland (Balto.)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Geiseman
14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): np
16. SOCIAL SECURITY NO:
17. INFORMANT: Howard Bieting — ADDRESS: 615 W. Hanbury

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Hypertension and Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/14, 1949, *to* 5/15, 1949 *that I last saw the deceased alive on* 5/15, 1949, *and that death occurred at* 6:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Bobby L. Jones M. D.
23B. ADDRESS: Franklin Square Hosp.
23C. DATE SIGNED: 5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/18/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: M. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

937

G74386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74386

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Charles Roland Mayo

2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, last residence before admission)
A. STATE: Md.
B. COUNTY: Balto. County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. County
D. STREET ADDRESS (If rural, give location): 203 Midhurst Rd.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Memorial Hosp.

Length of stay in Baltimore: 11 yrs — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M	Aug. 26, 1891	57 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Teller
10B. KIND OF BUSINESS OR INDUSTRY: Union Trust Co.
11. BIRTHPLACE (State or foreign country): Balto. County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: E. Grant Mayo
14. MOTHER'S MAIDEN NAME: Sally Tracey - Balto. Co.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Wife — ADDRESS: 203 Midhurst Rd.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	1 hr.
DUE TO (B)	Hypertension	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sudden, to Death, 19__, *that I last saw the deceased alive on* 5-9-49, 19 49, *and that death occurred at* 1-2 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry E. Bolton M. D.	3 W. Read St.	5-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/17/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

Body Released by Dr Helgnick 94a

74387
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74387
Registered No.

1. NAME OF DECEASED (Type or Print) John Finnegan

2. DATE OF DEATH 5/15/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital

Length of stay in Baltimore 24 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1839 Eagle St. 19 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W	Widowed	4/14/1863	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Park Police	New York	U S A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mary A. Steinberg	1839 Eagle St.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
John R Davis M.D.		5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	New Cathedral Cem.	4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	John J. Cowan & Son	937 Gilmor St.

151

G74388 G74388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Monica Virsaka

2. DATE OF DEATH 5/14/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashburton Nursing Home

Length of stay in Baltimore 6 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3032 Virginia Ave 29-16

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widowed	Unknown	62?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	at Home	Lithuania	—

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—		

17. INFORMANT Charles J. Virgil ADDRESS 3032 Virginia Ave

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis, left — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* March 13, 1949, *to* May 15, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 12:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John P. Uhlich, Jr. M. D.	1227 Washington Blvd	5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/17/49	Holy Redeemer Cem.	4430 Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	John J. Cowan & Son	Pollin St

VS 150

93D

674389
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 674389

1. NAME OF DECEASED (Type or Print): Mary Ida Allen

2. DATE OF DEATH: 5-13-49.

PLACE OF DEATH: Baltimore City, Maryland 307 N. Pine St.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland
D. STREET ADDRESS (If rural, give location): 307 N. Pine Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Widow	May 28, 1876	72	11	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mid Wife		Essex Co., Va.	U.S.A.

13. FATHER'S NAME: Robert Johnson

14. MOTHER'S MAIDEN NAME: Peggy Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Nephritis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* May 13, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William H. Watts, M.D.	1154 Edmondson Ave	May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-17-49.	Laurel	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, MD	W. A. Jackson	916 Penna. Ave.

VS 150

Baltimore, Md. 93

G74390
JL - 126998

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49

G74390
Registered No.

1. NAME OF DECEASED (Type or Print) Lula White

2. DATE OF DEATH 5-13-49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 842 Tyson St. 11-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	Negro	Div.	12-6-88	60	5	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Garner

14. MOTHER'S MAIDEN NAME Georgia Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bronchopneumonia	5 days
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Arteriosclerotic Cardiovascular Disease	2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [No] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19 , 1949 , *to* 5-13 , 19 49 *that I last saw the deceased alive on* 5-13 , 1949 , *and that death occurred at* 5.15 PM., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Bogey M. D.

23b. ADDRESS 4940 Eastern Ave.

23c. DATE SIGNED 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/18/49

24c. NAME OF CEMETERY OR CREMATORY Mt Calvary

24d. LOCATION (City, town, or county) (State) A.A. Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR A. Halstead - 918 Druid Hill Ave.

ADDRESS

VS 150

G74391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

490 G74391
Registered No.

IRTH NO.

NAME OF DECEASED (Type or Print) Isaac Jenkins

2. DATE OF DEATH 5-15-49

PLACE OF DEATH: Baltimore City, Maryland City

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2725 Round Road.

Length of stay in Baltimore 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, (Cherry Hill)
d. STREET ADDRESS (If rural, give location) 2725 Round Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Male	Negro	Married	Oct. 15, 1892	57yrs	7 -	— —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Finisher		Pooleville, Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Jenkins	Annie McKay.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes Spanish-American	248-05-3177	Mrs Lessie Jenkins	2725 Round Rd.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Left Lobar Pneumonia

DUE TO

(B) Lowered Resistence

DUE TO

(C) Pleuritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 14, 1948, 19 48 to 3-27, 19 49, *that I last saw the deceased alive on* 5-13, 19 49, *and that death occurred at* 7:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jesse L. Luck M. D.	303 Bridgeview Road	5-15-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-19-49	Mt. Auburn	Baltimore 30.

DATE RECEIVED AND REGISTERED	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	W. A. Jackson.	916 Penna. Ave

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G74392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74392 Registered No. 151

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John H. Jenkins

2. DATE OF DEATH: 5/14/49

3. PLACE OF DEATH: Baltimore City, Maryland 628.N. Dallas St.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 628 N. Dallas St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	Col.	Widowed	Nov. 17, 1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Contractor	Md.	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Regina Brown	1025 N. Bond St.

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Occ.	?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Coronary Thrombosis	6 months
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 29, 1949 *to* May 14, 1949, *that I last saw the deceased alive on* May 6, 1949, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dan'l Harris M. D.	1202 N. Carlin Pl	May 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 16, 1949	Mt. Calvary	A.A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, MD	Joseph D. Lorsch, Jr.	1304 N. Eutaw St.

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74393

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57

G74393
Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS SULLIVAN

2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md.
b. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overlea, Md.
d. STREET ADDRESS (If rural, give location): 6900 Beech Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan. 22nd, 1885
9. AGE (In years last birthday): 64 — If under 1 Year: Months 3, Days 22 — If under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lightning Rod Installation
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Sullivan
14. MOTHER'S MAIDEN NAME: Anna Cluster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. T.F. Sullivan — ADDRESS: 6900 Beech Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of head of pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) general debility &

DUE TO

(C) possible metastases

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 4-14-49
19b. MAJOR FINDINGS OF OPERATION: ca. head pancreas
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-49, 19__, *to* 5-14-49, 19__, *that I last saw the deceased alive on* 5-14-49 19__, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John White, M. D.
23b. ADDRESS: University Hospital
23c. DATE SIGNED: 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/17/49
24c. NAME OF CEMETERY OR CREMATORY: Parkwood
24d. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lasagna Funeral Home — ADDRESS: 7401 Belair Rd.

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G74394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74394

1. NAME OF DECEASED (Type or Print): Leon Guy
2. DATE OF DEATH: 5/15/49
3. PLACE OF DEATH: a. Baltimore City, Maryland 609 Granttey St
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 40 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location): 609 Granttey St 1608
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: 2/5/1878
9. AGE (In years last birthday): 71 — If Under 1 Year: Months 3, Days 13 — If Under 24 Hours: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric
11. BIRTHPLACE (State or foreign country): Leedsville Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-6787
17. INFORMANT: Mrs George Brendel ADDRESS 609 Granttey St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(b)

DUE TO

(c)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21b PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: John R Davis M.D.
23b CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23c. DATE SIGNED: 5/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 5/18/1949
24c. NAME OF CEMETERY OR CREMATORY: Greenmount Cem
24d LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Victor Williams, M.D.
25. FUNERAL DIRECTOR: Charles P. Towell ADDRESS: 2427 Edmondson Ave

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4395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113 Registered No. 74395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4418 Belleview Avenue -15-
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 84 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimoye 28-01
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4418 Belvieu Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CHARLOTTE AWALT

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr) March 21, 1865

8. AGE: Years 84 | Months / | Days 24 | If less than one day hr. min.

9. Birthplace Baltimoye Maryland (Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business None

12. Name Ferdinand Awalt

13. Birthplace Bavaria Geymany

14. Maiden Name Elizabeth Dungan

15. Birthplace Bavaria Geymany

16 (a) Informant William Joseph Awalt Jr

(b) Address 4418 Belvieu Ave - 15-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1949 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Eddy J. Linwood

(b) Address 1100 Eastern Ave

19 (a) (Date rec'd by registrar) Washington Blvd. Balto. Md.

MAY 18 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1949, at 4 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1948 to May 15 1949 and that I last saw h e y alive on May 15 1949

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration: 7 years

Due to

Due to

Other Conditions: Hypertensive cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation: None done

Major findings of operation: None done

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Millard J. Tualand Jr. M.D.

Address 3400 Woodbine Ave. 7 Date signed 5/18/49

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G74396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 Bloom St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

(a) FULL NAME Harry John Jobes
(b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

(b) Name of husband or wife Sarah H. Jobes
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.

AGE: Years	Months	Days	If less than one day
55			hr. min.

Birthplace Baltimore Md (Town, county, and state)
Usual Occupation Bath Attendant
Industry or business City Bath House
12. Name Jabedee Jobes
13. Birthplace Frederick Co. Md
14. Maiden Name Sarah Calhoun
15. Birthplace Baltimore, Md
(a) Informant Mrs Sarah Jobes
(b) Address 545 Bloom St.

(a) V (Burial, cremation, or removal) (b) Date thereof 5-18-49 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md
(a) Funeral director Holland Funeral Home
(b) Address 1631 Lund Hill Ave.
(c) 1 6 1949 (Date rec'd by registrar) Washington Williams, Registrar

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2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 545 Bloom St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1949, at 1:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 9, 1949, to May 14 1949, and I that I last saw him alive on May 13 1949

Immediate cause of death Inanition — Duration 2 months ? ?
Due to For advanced pulmonary tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death.)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 1737 E. North Ave Baltimore 13, Md. Date signed 5/14/49 M.D.

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74397

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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G74397

Registered No.

1. NAME OF DECEASED (Type or Print): John Vernon Smith Sr.

2. DATE OF DEATH: May 14/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 1302 Eastern Ave

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 13, 1902
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Smith
14. MOTHER'S MAIDEN NAME: Bertha Magaamin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No, or unknown):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Helen C. Smith — ADDRESS: Essex Md

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

CERTIFICATION APPROVED BY
Wm. G. Helfrich M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH: 5 min

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1949 *to* May 14, 1949 *that I last saw the deceased alive on* _____ 19__ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1818 N. Broadway
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 17/49
24C. NAME OF CEMETERY OR CREMATORY: Oaklawn
24D. LOCATION (City, town, or county) (State): Essex Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Ritzfeld
ADDRESS: 4101 Edmondson 94a Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74398 — BIRTH NO.

163 — Registered No. G74398

1. NAME OF DECEASED (Type or Print): PAUL B. THOMPSON

2. DATE OF DEATH: 5/14/49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Box 337 Montgomery RD.
D. STREET ADDRESS (If rural, give location): Elkridge, MD.

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

Length of stay in Baltimore: 40 Yrs. Mos. Days

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/20/80
9. AGE (In years last birthday): 68 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Thompson
14. MOTHER'S MAIDEN NAME: Bruns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clara L. Thompson, Wife. ADDRESS:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung (X) — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Occlusion (?) — DUE TO — 1 Yr 6 Mos.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Secondary Pulmonary Hemorrhage

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9- 19 49 *to* 5-14 19 49 *that I last saw the deceased alive on* 5-14 19 49 *and that death occurred at* 12:45 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Emmett M. Nelson M.D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 5/14/49

23A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 17/49
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Witzke ADDRESS: 4101 Edmondson Ave

VS 150

471

G74399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74399 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLOYD E CLARK

2. DATE OF DEATH 14 MAY 1949

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GEN. HOSP

Length of stay in Baltimore 8 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE DELAWARE
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DELMAR
D STREET ADDRESS (If rural, give location) P.O. BOX 404

5. SEX MALE
6 COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8 DATE OF BIRTH 28 MAY 1894
9 AGE (In years last birthday) 54
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEBRASKA
12 CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME EDWARD W. CLARK
14 MOTHER'S MAIDEN NAME GERTRUDE LAMB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO 528-09-9247
17 INFORMANT MRS. BURMEISTER ADDRESS CLARKSVILLE, MD. FRIEND

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE, SEVERE, WITH ACUTE CARDIAC DILATATION AND MODERATE CONGESTIVE FAILURE
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 6 MOS. +
(B) 1 MIN
(C) 6 WKS

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 APRIL 1949 *to* 14 MAY, 1949, *that I last saw the deceased alive on* 13 MAY, 1949, *and that death occurred at* 8:45 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE Donald L. Eagland M. D.
23B ADDRESS MARYLAND GEN. HOSP
23C DATE SIGNED 14 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 17-49
24C. NAME OF CEMETERY OR CREMATORY London Park
24D LOCATION (City, town, or county) (State) Frederick Co.

DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Charles F. Dill
ADDRESS 1501 E. Fort Ave.

131a

G74400 BALTIMORE CITY HEALTH DEPARTMENT 475 G74400

BIRTH NO. BC.49-14349 CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print): RENE MCHONEY

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1134 Russell Street

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

Length of stay in Baltimore: Life (Yrs. Mos. Days)

5. SEX: female | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: July 14, 1948

9. AGE (In years last birthday): If Under 1 Year: Months 10, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hagood Davis

14. MOTHER'S MAIDEN NAME: Thelma Mc Honey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Thelma Mc Honey ADDRESS: 1134 Russell S T

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Upper Respiratory Infection DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE M.D. | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ | 23C. DATE SIGNED: May 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 5/17/49 | 24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Ct. | 24D. LOCATION (City, town, or county) (State): Baltimore, City.

DATE RECEIVED BY LOCAL REGISTRAR: 7 16 1949 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR: J. L. Brown & Son ADDRESS: 108 W. Montgomery

151

104a

74401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

203

Registered No. G74401

IRTH NO.

1. NAME OF DECEASED (Type or Print) MERTIN W. MORGAN

2. DATE OF DEATH 5/15/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL

Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 523 WINSTON AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M	SEPT 21 '78	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	Machine Shop	N. J.	

13. FATHER'S NAME — MORGAN

14. MOTHER'S MAIDEN NAME — FOSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	212-03-2365	Helen F. Morgan	523 Winston Ave.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Multiple Myeloma
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/6 19 49, *to* 5/15 19 49 *that I last saw the deceased alive on* 5/14 19 49, *and that death occurred at* 4 10 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles J. Blanck M. D.	Maryland General	5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Woodlawn	Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Williams, M.D.	Paul E. Lebenworth Jr.	3615-12th Gwynn Oak

VS 150

55E

G74402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74402

1. NAME OF DECEASED (Type or Print): EVA M. GRANTLAND

2. DATE OF DEATH: 5/14/49

3. PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1720 Light St.

Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1720 Light Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 4/1/1898
9. AGE (In years last birthday): 51 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norval W. McCarty

14. MOTHER'S MAIDEN NAME: Mary Belle Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT: Family - Same
ADDRESS:

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Thyrotoxicosis — 4yr.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 1949 *to* 5-14, 1949 *that I last saw the deceased alive on* 5-13, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 707 E. Fort Ave.
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie

DATE RECEIVED BY REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR: [signature]
ADDRESS: 130 E. Fort Ave.

VS 150

63B

G74403
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74403

1. NAME OF DECEASED (Type or Print): Edward Herman Wernsing

2. DATE OF DEATH: May 14, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's (If not in hospital or institution, give street address or location)

3b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3205 Rueckert Ave.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1876
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Fidelity Trust Co.
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Wernsing
14. MOTHER'S MAIDEN NAME: Cecelia Stallings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 715-18-7076
17. INFORMANT: Katherine Wernsing ADDRESS: 3205 Rueckert

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung with Secondary Abdominal Metastases

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 25, 1949 *to* May 14, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 3:50p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mal C. Pearson Jr. M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: May 14, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck ADDRESS: 5805 Harford

VS 150

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74404

BIRTH NO. B.C.49-09560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1615 G74404

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Landefeld

2. DATE OF DEATH: May 11, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

FULL NAME OF HOSPITAL OR [redacted]: St. Joseph's

(If not in hospital or institution, give street address or location)

Length of stay in Baltimore: 2 hr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: [illegible] Chase St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 414 E. Chase St. 10 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
F.	W.	Single	May 11, 1949			2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Joseph's Hosp.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Louis Landefeld
14. MOTHER'S MAIDEN NAME: Dorothy Lillian Geeare

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity + Premature Separation of Placenta.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

DUE TO (B)

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Infant:- Appx 5½ months gestation)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, , 1949 *to* May 11, , 1949, *that I last saw the deceased alive on* May 11, 1949, *and that death occurred at* 4:00p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Philip A. [illegible] M.D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: May 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Peck
ADDRESS: 5305 Harford Av

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G74405

Dr. Swiss
6232 Belair

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 45 Registered No. G74405

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sara O. Perry

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3708 Glenmore Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3708 Glenmore Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	Dec. 23, 1887	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Moss, Norway	

13. FATHER'S NAME: Hans Hansen

14. MOTHER'S MAIDEN NAME: Dorothea

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elsie Bell, ADDRESS: 3708 Glenmore Ave.

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Multiple sclerosis	10 years
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO (C) Acute myocardial failure	24 hrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 12, 1946 *to* May 15, 1949, *that I last saw the deceased alive on* May 15, 1949 *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Adam Stevens M. D.	6232 Belair Rd	May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-18-49	Parkwood	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, M.D.	Leonard J. Ruck,	5305 Harford Road.

VS 150

87)

G74406
Dr. English
5713 Belair

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74406
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Herbert

2. DATE OF DEATH: 5-14-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4329 Berger

Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4329 Berger Avenue 26 01

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 27, 1868
9. AGE (In years last birthday): 80 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Walsh
14. MOTHER'S MAIDEN NAME: Bridget

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anne Coyne
ADDRESS: 4329 Berger Avenue

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: many yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Senility.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1948, *to* 5-14, 1949, *that I last saw the deceased alive on* 5-14, 1949, *and that death occurred at* 5:10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Mary R. English M. D.
23B. ADDRESS: 5713 Belair Rd.
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-17-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road.

VS 150

937

G74407

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74407

Registered No.

1. NAME OF DECEASED (Type or Print) VIOLA WILLIAMS

2. DATE OF DEATH May 13, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 4220 Shamrock Ave.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 4220 Shamrock Ave.

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH March 2, 1885

9. AGE (In years last birthday) 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Martin Bauernschmidt

14. MOTHER'S MAIDEN NAME Elizabeth Hamburg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO

17. INFORMANT Edw. C. Williams — ADDRESS 4220 Shamrock Ave.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Arteriosclerotic Cardio-Vascular disease
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1949 to May 13, 1949 that I last saw the deceased alive on May 13, 1949 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] M. D.

23b. ADDRESS 3422 E. Oliver Pl

23c. DATE SIGNED 5/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/17/49

24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery

24d. LOCATION (City, town, or county) German Hill Rd.

DATE RECEIVED BY REGISTRAR MAY 16 1949

REGISTRAR'S SIGNATURE [signature], M.D.

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

ADDRESS 2601-3-5 E. Madison Street

VS 150

937

74408 JL- 128917 G74408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose Miller - Vodicka

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 963 N. Collington Ave.-5

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Sept. 13, 1875
9. AGE (In years last birthday): 73 (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Matejka
14. MOTHER'S MAIDEN NAME: Barbara ? Kacacek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS:

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Probable Coronary Thrombosis	5 days
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive Arteriosclerotic Heart Disease	2 yrs.
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Bronchopneumonia	5 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11- , 1949 *to* May 16 , 1949, *that I last saw the deceased alive on* May 16 , 1949, *and that death occurred at* 9.30A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. L. Ozorka, M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/19/49
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Tunstington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

937

G74409

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74409

1. NAME OF DECEASED (Type or Print): Mary Isabella Mosher

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 212 Stoney Run Lane

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoney Run Nursing Home

C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4 Hadley Square

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 18, 1858

9. AGE (In years last birthday): 91 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William McRea Benthall

14. MOTHER'S MAIDEN NAME: Sophia Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Ethel M. Miller — ADDRESS: 4 Hadley Square

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

DUE TO

(B) Myocarditis — 2 years

DUE TO

(C) Arterio-Sclerosis — 4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1942 *to* May 15, 1949, *that I last saw the deceased alive on* 5/15, 1949, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry L. Harrison M. D.

23B. ADDRESS: 20 E. Preston St.

23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/17/49

24C. NAME OF CEMETERY OR CREMATORY: Greenmount

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Pl.

Mathm B. Mitchell

VS 150

93D

G74410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 177

Registered No. G74410

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wagandt, George Taylor

2. DATE OF DEATH: May 14, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Mem. Hospital 33rd & Calvert Sts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 25 Blythewood Road

Length of stay in Baltimore: Yrs. 59 Mos. 4 Days 16

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: Dec. 28, 1889

9. AGE (In years last birthday): 59 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory mgr.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Lewis Wagandt.

14. MOTHER'S MAIDEN NAME: Annie Taylor.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): Yes, go or unknown) Yes Background

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Lillie D. Wagandt ADDRESS 25 Blythwood Rd.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate

DUE TO

(B) with metastasis to bone + probably brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1949 to 5-14, 1949 that I last saw the deceased alive on 5-14, 1949 and that death occurred at 2:15A m., from the causes and on the date stated above.

23A. SIGNATURE: J. Frank Supplee, Jr. M. D.

23B. ADDRESS: Union Memorial Hosp

23C. DATE SIGNED: 5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5-16-49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Fred. Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: John O. Mitchell Sons ADDRESS 1900 Eutaw Place

VS 150

516

G74411

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47 P. 1

Registered No. G74411

1. NAME OF DECEASED (Type or Print) VITO SCARLATO

2. DATE OF DEATH 5-16-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 1-05
D. STREET ADDRESS (If rural, give location) 425 South Chester Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	W.		68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ITALY	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mary Shochelah	4258. Chester St

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Chronic Glomerulonephritis

DUE TO

(C) Generalized arteriosclerotic Cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-30-49	Amputation both legs mid thigh	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-21-49, 1949, *to* 5-16, 1949, *that I last saw the deceased alive on* 5-16, 1949, *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Halloway M. D.	University Hospital	5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5-16-49		Uniontown Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	Wm. L. Fiallkowski	3007 Eastern Ave

VS 150

131B

Buedel

G74412 — BALTIMORE CITY HEALTH DEPARTMENT — Registered No. G74412

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): Mrs Margaretha Buedel

2. DATE OF DEATH: 5-13-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland Univ. Hosp.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp. Green & Lombard

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY: (Co) Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Co. Essex
d. STREET ADDRESS (If rural, give location): 313 Eastern Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4/16/1880
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. Kugel
14. MOTHER'S MAIDEN NAME: Elizabeth Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: ?

17. INFORMANT: Lawrence Buedel — ADDRESS: same

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12 1949 *to* 5-13 1949, *that I last saw the deceased alive on* 5-13 1949, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard C. Hall, M. D.
23b. ADDRESS: Univ. Hosp Balto Md
23c. DATE SIGNED: 5-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/17/49
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY REGISTRAR: MAY 16 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Feilds — ADDRESS: 1035 Wolfe St

VS 150

102

74413

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74413
Registered No.

1. NAME OF DECEASED (Type or Print): Frank Burlingham

2. DATE OF DEATH: 5/15/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balto. Gen

Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: a.a.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
STREET ADDRESS (If rural, give location): Greenland Beach Rd. (Curtis Bay)

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Min.
M	W	M	1/22/1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas. Burlingham
14. MOTHER'S MAIDEN NAME: Amanda Brumbaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO: ?

17. INFORMANT: Bertha Burlingham — ADDRESS: same

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 17 hrs

DUE TO

(B) Coronary Sclerosis — 4 mos

DUE TO

(C) Arteriosclerosis Generalized — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 14 May 1949 *to* 15 May 1949, *that I last saw the deceased alive on* May 15 1949, *and that death occurred at* 7:45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	5867	5/15/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/19/49	Trinity	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, MD	Lilly & Zeiler Inc	403 Wolfe St.

VS 150

94a

74414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 410.

Registered No. 74414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 2101
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Washington
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Cerro, Anna
(b) If veteran, name war No (c) Social Security Account No. ?
4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married
(b) Name of husband or wife John A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/10/29
AGE: Years 20 | Months | Days | If less than one day hr. min.
8. Birthplace Maryland (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business Home
11. Name Ezekiel Littles
12. Birthplace Md.
13. Maiden Name Irene Hudson
14. Birthplace Md.
15. (a) Informant John A. Cerro
(b) Address 22 S. Wash. St.
16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-49 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baglain Rd.
17. (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Wolfe St.
MAY 16 1949 Huntington Williams, MD
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1949 at 9 40 AM
21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1949 to May 14 1949 and that I last saw her alive on May 14 1949.

Immediate cause of death	Duration
Cerebral Anoxia	24 hrs.
Congestive Heart Fail	3 weeks
Due to Aortic Stenosis	2 years
Mitral Stenosis	
Due to Rheumatic Heart Disease	12 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature L Steinberg, M.D.
Address Sinai Hosp. Date signed 5/14/49

VS 150

92 B

G74415 — 1491

BIRTH NO. — No. 128687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74415

1. NAME OF DECEASED (Type or Print): William Losch

2. DATE OF DEATH: May 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Ave.
C. Length of stay in Baltimore: 52 yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 378 Mt. Olivet Lane - 29

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W	Wid	Aug. 26, 1882	66	8 / 28	- / -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furniture Refinisher	Self	England	U.S.A.

13. FATHER'S NAME: Carl Losch

14. MOTHER'S MAIDEN NAME: Henrietta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No. NONE	?	B. C. H. Records,	4940 Eastern Ave.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: A S C V D Mild Uremia , General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ No NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 2, 1949, *to* May 14, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 7.50A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
F. S. Rogers M. D.	4940 Eastern Ave.	5-14-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-17-49	London Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 16 1949	Huntington Williams, M.D.	Geo. L. Schwab	2101 Frederick ave.

VS 150

937

4416 G74416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John H. Stewart

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Surg. 3W 73

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSP...

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Pa
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
D. STREET ADDRESS (If rural, give location): 220 W. Fulton St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-18-88
9. AGE (In years last birthday): 60
If Under 1 Year: Months 5 Days 28
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banking
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Willis Stewart
14. MOTHER'S MAIDEN NAME: Mary Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of the testis	2 years
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26-, 1949 *to* 5-16-, 1949, *that I last saw the deceased alive on* 5-16-, 1949 *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Shriner M. D.
23B. ADDRESS: JOHNS HOPKINS HOSP...
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: May 16, 1949
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Butler, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Fischer & Son
ADDRESS: Baltimore Md.

VS 150

51c

74417 ✓ X E903.0 G74417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. N-927.0

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. W. Graham Ellzey

2. DATE OF DEATH 5/16/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Funeral Home & Hospital

C. Length of stay in Baltimore 4 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West River.
D. STREET ADDRESS (If rural, give location) —

5. SEX Male | 6. COLOR OR RACE White | 7. [redacted], MARRIED, (Never married, Married, Widowed, or Divorced)

8. DATE OF BIRTH March 6, 1874 | 9. AGE (In years last birthday) 75 | If under 1 Year: Months Days | If under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mason Ellzey

14. MOTHER'S MAIDEN NAME Mary Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No

17. INFORMANT W. Ez ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gangrene, Left Leg

DUE TO Thrombosis, Popliteal Artery Duke.

(B)

DUE TO CERTIFICATION APPROVED BY

(C) William J. McClafferty M. D. CHIEF OR ASST. MEDICAL EXAMINER.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES [redacted] NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) In own cellar | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) About April 1, 49 | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ | 21f. HOW DID INJURY Ooccur? Fall—Slipped & fell to cellar flr.

22. *I hereby certify that I attended the deceased from* 12 May, 1949, to 16 May, 1949, *that I last saw the deceased alive on* 16 May, 1949, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE T. Lacy Morrow M. D. | 23b. ADDRESS Funeral Home & Hospital | 23c. DATE SIGNED 16 May '49

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24b. DATE 5/17/49 | 24c. NAME OF CEMETERY OR CREMATORY Christ [illegible] | 24d. LOCATION (City, town, or county) (State) Owensville Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR T A Hardesty & Son | ADDRESS Galesville 186a Md.

VS 150

74418

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74418
Registered No.

1. NAME OF DECEASED (Type or Print) LOUISA M. WALTER

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600 Chapel Gate Lane

Pine Crest Nursing Home

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore B. COUNTY ~~XXXXXXX~~ MARYLAND
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 600 Chapel Gate Lane 25-21

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	Dec. 21, 1862	86				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	

13. FATHER'S NAME (Unknown) Dahlmer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Edmund Walter	Havre de Grace, Md.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Embolism + Thrombosis — 8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — ?

DUE TO

(C) Senility

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1, 1948, *to* May 15, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Melvin N. Borden M. D.	2030 W. Fayette St	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

832

74419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57-3 G74419 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH CATHERINE SMITH

2. DATE OF DEATH: May 14, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2904 N. Calvert St.

3b. Length of stay in Baltimore: Yrs. 17 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2904 N. Calvert St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 11, 1875
9. AGE (In years last birthday): 74 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chaptico, St. Marys Co., Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John R.T.Reeves
14. MOTHER'S MAIDEN NAME: Elizabeth Hayden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS: Mrs Herbert Dew, 3008 Guilford Ave.,

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

(B) Chronic Gastro - Enteritis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* April, 1949, *to* May 14, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert M. Foxley M. D.
23B. ADDRESS: 252 St. Paul St.
23C. DATE SIGNED: May 11-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/17/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: ADDRESS: William Cook, Inc., 1217 St. Paul St.

VS 150

91B

74420 ✓443 G74420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 74420

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ruth L. Ashman

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 8-03

D. STREET ADDRESS (If rural, give location) 1104 N. Lakewood Avenue

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

3. Length of stay in Baltimore — Yrs. — Mos. — Days

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 28, 1900

9. AGE (In years last birthday) 48

If Under 1 Year: Months — Days — If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Peoria, Ill.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Harry Lamson

14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Edward L. Ashman ADDRESS

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C) Acute & Chronic Pyelonephritis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —

19B MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 4/17 19 49 *to* 5/15 19 49 *that I last saw the deceased alive on* 5/15 19 49 *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE Norman M. Mann M. D.

23B. ADDRESS Sinai Hosp

23C. DATE SIGNED 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 18, '49

24C. NAME OF CEMETERY OR CREMATORY National Cem.

24D. LOCATION (City, town, or county) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR May 17, '49

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR William Cook, Inc.

ADDRESS 1217 St. Paul St.

VS 150

DOCTORS NAME:- NORMAN M. MANN

23-1

4421 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4r 1 G74421 Registered No.

1. NAME OF DECEASED (Type or Print): Mamie Sudmeier
2. DATE OF DEATH: 15 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland St Josephs
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
4206 Sheldon Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 4206 Sheldon Av 26 0 2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	divorced	May 27 1899	49	11 / 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper	Keyboard Inst	Balto	

13. FATHER'S NAME: Thomas Campbell
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mrs Harry Douglas	4206 Sheldon Av

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 16 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 18/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem
24D. LOCATION (City, town, or county) (State): Balto Co

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilmot Funeral Home ADDRESS: 2008 Orleans

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4422 ✓ × G744222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

776

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Rupp "a"

2 DATE OF DEATH: April 16, 1947

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY: a a
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Lansdowne
d. STREET ADDRESS (If rural, give location): 2 x 1 and bl -

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 4-8-47
9. AGE (In years last birthday): If under 1 Year: Months Days: 8 If under 24 Hours: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Fred Rupp
14. MOTHER'S MAIDEN NAME: Mary E.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSP

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8- 19 47 *to* 4-16- 19 47, *that I last saw the deceased alive on* 4-16- 19 47, *and that death occurred at* 2 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul H. Harbo M. D.
23b ADDRESS: JOHNS HOPKINS HOSPITAL
23c DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Disposal
24b. DATE
24c NAME OF CEMETERY OR CREMATORY: Hoy Bros
24d LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

159

4423 ✓ G74423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Apr. 1 Registered No. G74423

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JENA WEINTRAUB

2. DATE OF DEATH 5-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3239 Powhattan Ave

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15 37
D. STREET ADDRESS (If rural, give location) 3239 Powhattan Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Widow		48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Baltimore Md	

13. FATHER'S NAME Louis Dakolsky

14. MOTHER'S MAIDEN NAME Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Sydney Lewis ADDRESS 332 Eutaw Ave

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary thrombosis	5 hours
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) arterio-sclerosis with hypertension	20 years
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1930 *to* May 17, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 4 H m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul Cohen M. D.	804 Eutaw Place	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-18-49	Hebrew Herring Run	Dalto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 17 1949	Turlington Williams, M.D.	Jack Lewis Inc 2100 Eutaw Pl

VS 150

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4424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1949 V

G74424 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX DUBOVSKY (DUBOW) — 2. DATE OF DEATH 5-16-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4003 Norfolk Ave
c. Length of stay in Baltimore 48 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4003 Norfolk Ave 15 09

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed — 8. DATE OF BIRTH — 9. AGE (In years last birthday) 66 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nason

14. MOTHER'S MAIDEN NAME Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No, no or unknown) — 16. SOCIAL SECURITY NO

17. INFORMANT Beatrice Dubow — ADDRESS 4003 Norfolk Ave

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH 1 year

DUE TO

(B) Adenoma of thyroid c hyperthyroidism — 6 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* 5/16/49, 19__, *that I last saw the deceased alive on* 5/16, 1949, *and that death occurred at* 12 Noon, *from the causes and on the date stated above.*

23A. SIGNATURE Nicholas Kurin MD M. D. — 23B. ADDRESS 2320 Eastern Ave — 23C. DATE SIGNED 5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 5-17-49 — 24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel — 24D LOCATION (City, town, or county) Dalto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1949 — REGISTRAR'S SIGNATURE Thurlington for Williams, M.D. — 25. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eastern Ave

VS 150

51B

74425

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

175 G74425 Registered No.

1. NAME OF DECEASED (Type or Print) Florence O. Hawkins

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1504 Northwick Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto. City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.
D. STREET ADDRESS (If rural, give location) 1504 Northwick Road 27-09

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 26, 1884 | 9. AGE (In years last birthday) 65 | If under 1 Year: Months Days | If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles W. Oehm

14. MOTHER'S MAIDEN NAME Matilda Reuter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT John W. Hawkins Jr. ADDRESS 1504 Northwick Rd.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)

(A) Adeno Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 1943
DUE TO
(B) Carcinomatosis — 1948
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 1943 | 19B. MAJOR FINDINGS OF OPERATION same as above | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* May 15 '49, 19__, *that I last saw the deceased alive on* May 12, 19 49, *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS Medical Arts Bldg. | 23C. DATE SIGNED May 17 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/17/49 | 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | 24D. LOCATION (City, town, or county) Pikesville, Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR John O. Mitchell Sons | ADDRESS 1900 Eutaw Place

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G74426

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-D G74426
Registered No.

1. NAME OF DECEASED (Type or Print): CORA M. LEE

2. DATE OF DEATH: MAY 15 '49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COLD SPRING NURSING HOME

C. Length of stay in Baltimore: 4 YRS. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2206 MARYLAND AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
FEMALE	WHITE	WIDOWED	NOV. 1, 1863	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		BALTIMORE, MD.	

13. FATHER'S NAME: I. GARDNER

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		MRS GLADYS TAYLOR	2206 MARYLAND AVE

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) GENERIZED ARTERIOSCLEROSIS	15 YRS
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
II	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB 1, 19[illegible], *to* MAY 15, 19 49, *that I last saw the deceased alive on* 5-14, 19 49, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Norman R Kleiman M. D.	3803 EDMONDSON AVE	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 19 1949	LOUDON PARK	BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Tennington Williams, M.D.	HARRY H WITZKE	4N EDMONDSON AVE.

VS 150

97

4427 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

714 — Registered No. G74427

1. NAME OF DECEASED (Type or Print): Esthers Foster

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Room Bl a2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 21 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4413 Bedford Place

5. SEX: Female
6. COLOR or RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-13-07
9. AGE (In years last birthday): 41
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hudson Foster
14. MOTHER'S MAIDEN NAME: Mary Roy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Peritonitis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 5-10-49
19B. MAJOR FINDINGS OF OPERATION: Myomatous uterus
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-10-, 1949 *to* 5-16-, 1949 *that I last saw the deceased alive on* 5-16-, 1949, *and that death occurred at* 10 00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert C.L. Nesbitt M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 19-49
24C. NAME OF CEMETERY OR CREMATORY: Saluda, Va.
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: James Astayo
ADDRESS: 142 White St

VS 150

56 B

74428

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33 ✓

G74428

Registered No.

1. NAME OF DECEASED (Type or Print) Margaret A. Thomas

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3807 Glenmore av

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

c. Length of stay in Baltimore unknown Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3807 Glenmore av

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	Jan 4 1859	90	4 / 15	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	—	England	England

13. FATHER'S NAME Patrick Grum

14. MOTHER'S MAIDEN NAME Sara Peirce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no.	none	Mrs. William West	3807 Glenmore av

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	CEREBRAL THROMBOSIS	4 weeks
DUE TO (B)	CEREBRAL ARTERIOSCLEROSIS 10 yrs +	
DUE TO (C)		
II	SENILITY	—

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 17, 1949 *to* May 15, 1949 *that I last saw the deceased alive on* May 13 1949 *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jos W Madden M. D.	633 Belair Road (C)	5/16/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 18, 49	Oaklawn	Eastern ave Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	S. Walter May	619 N. Bouldin St.

VS 150

838

4429 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74429 Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth Hazard

2. DATE OF DEATH: 5/16/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1225 Hollins St

C. Length of stay in Baltimore: 75 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 1225 Hollins St 18-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	June 15-1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	at Home	Balto. Md	U.S.

13. FATHER'S NAME: Patrick McMahon

14. MOTHER'S MAIDEN NAME: Mary Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT: Oliver E. Hazard ADDRESS

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C-V disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
P. J. Sulbrinski	M.D.		5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 19-49	Loudon Park	Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	Geo. L. Berger Jr	1512 Hollins St

MEDICAL CERTIFICATION

S 151

93D

4430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

794 Registered No. 674430

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA M. DIETSCH

2. DATE OF DEATH May 16-1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4213 Connecticut ave

c. Length of stay in Baltimore Life 91 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
4213 Connecticut ave
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 28-04
D. STREET ADDRESS (If rural, give location) 4213 Connecticut ave

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Jan. 19-1858 | 9. AGE (In years last birthday) 91 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10B. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME John Dietsch

14. MOTHER'S MAIDEN NAME Katherine Rensch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Miss Emma Dietsch ADDRESS 4213 Connecticut

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility — INTERVAL BETWEEN ONSET AND DEATH 5-yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1935 *to* May. 16, 1949, *that I last saw the deceased alive on* May-15, 1949, *and that death occurred at* 10:15 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE S. Lloyd Thomas M. D. | 23B. ADDRESS Cystonville | 23C. DATE SIGNED May-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/19/49 | 24C. NAME OF CEMETERY OR CREMATORY Loudon Park | 24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1949 | REGISTRAR'S SIGNATURE [illegible] for Williams M.D. | 25. FUNERAL DIRECTOR Geo. L. Berry Jr. ADDRESS 1000 Hollins St

VS 150 [redacted]

1620 1512

Med. Exam'r case

2131 Released to Hosp.

BALTIMORE CITY HEALTH DEPARTMENT ✓ 54

CERTIFICATE OF DEATH

G74431 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie Gardner

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 42 Wyn Ct

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16
D. STREET ADDRESS (If rural, give location): 1325 Mosher St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: 5-14-18
9. AGE (In years last birthday): 30 — If Under 1 Year: Months 11, Days 29 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Johnson
14. MOTHER'S MAIDEN NAME: Alice Parret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: nil

DUE TO

(B) Anaesthesia — 5 minutes.

DUE TO

(C) Obesity and Metabolic Acidosis — 4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
G. H. Merrill
For: Chester Lubinski M.D.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Johns Hopkins Hospital Broadway & Monument St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-13-49 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pentothal anesthesia

22. *I hereby certify that I attended the deceased from* 5-11-, 1949 *to* 5-13-, 1949 *that I last saw the deceased alive on* 5-13-, 1949 *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Crawford P. O'Brien M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/18/1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Thelma for Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

To be approved by Med. Exam'r

129 B

74432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74432 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert Jefferson Higdon

2. DATE OF DEATH May 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2509 Brohawn Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Balto. Gen. Hosp.

C. Length of stay in Baltimore: Yrs. life Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	married	Feb. 11, 1894	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Patrolman	Balto. Police Dept.	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Higdon	Leauria Haslum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Mabel M. Higdon	2509 Brohawn Ave.

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection & Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William E. Krefrech M.D.	☒	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/19/49	Meadowridge Cem.	Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

MEDICAL CERTIFICATION

S 151

94a

74433 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G74433

1. NAME OF DECEASED (Type or Print): ESTELLE F. BOWEN
2. DATE OF DEATH: MAY 16, 1949

3. PLACE OF DEATH: Baltimore City, Maryland
a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hosp.
c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2648 Edmondson Ave. 16 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	white	married	Dec. 24, 1891	57 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Altman	- Lusby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
-	-	Mr. Herman C. Bowen	2648 Edmondson A

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Cerebro-vascular accident	5 days
	DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Hypertensive cardio-vasc. disease	4-5 yrs (approx.)
	DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 13 May, 1949, to 16 May, 1949, that I last saw the deceased alive on 16 May 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marvin Goldstein M. D.	West Balto. Md.	16 May

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	5/19/49	Lorraine Mausoleum	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Tuttington Williams, M.D.	Wm. J. Tickner & Sons	Balto., Md.

VS 150

937

74434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143 G74434 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAUDE E. WELTY

2 DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2534 Edmondson Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2534 Edmondson Ave. 16-05

5. SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	single	Aug. 4, 1883	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Clerk	Hutzler's	Boonsboro, Md.	

13. FATHER'S NAME: Theodore F. Welty

14 MOTHER'S MAIDEN NAME: Emma A. Johnson

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		Mrs. A. Russell Anderson	715 Park Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	2 Hrs
DUE TO (B)	Hypertensive C.V. Disease	2+ yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1942 *to* 5/15, 1949 *that I last saw the deceased alive on* 5/15, 1949 *and that death occurred at* 12 3/4 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
[signature] M.D.	3129 Edmondson Ave	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/18/49	Boonsboro Cem	Boonsboro, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	[signature]	WM. J. TICKNER & SONS	Balto., Md.

VS 150

93D

Blucher Fugerson. X

74435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E8 1 4 4

Registered No. G74435

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Blucher Ferguson N-843

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY: Howard; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jessup; D. STREET ADDRESS (If rural, give location): Guilford Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital, Baltimore, Md.

c. Length of stay in Baltimore: Yrs. 14 days Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	2/4/1910	39	3	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Garage	Tennesee	U.S.A.

13. FATHER'S NAME: ee Fugerson

14. MOTHER'S MAIDEN NAME: Alice Mullins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 468-01-6170

17. INFORMANT: Perlie Fugerson ADDRESS: Jessup, Maryland

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of Skull c:

DUE TO

(B) Intra-cranial hemorrhage

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Guilford Rd. at Guilford

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 1 49 1.45p m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Motorcycle into hedge

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Emil H Beyer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 15 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 18, 1949

24C. NAME OF CEMETERY OR CREMATORY: Savage cemeter y

24D. LOCATION (City, town, or county) (State): Savage, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: Easton Sons Ellicott City Md.

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170D

74436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9030 G74436 Registered No.

STATE NO.

1. NAME OF DECEASED (Type or Print): ETHALINDA PRITCHETT N 8020

2. DATE OF DEATH: MAY. 14 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1719 ASHBURTON ST

b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1719 ASHBURTON ST

15 06

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 7, 1855
9. AGE (In years last birthday): 93
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TALBOT Co MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRISON
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MISS EVELYN PRITCHETT — ADDRESS: 1719 ASHBURTON ST

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Bi lateral Broncho pneumonia	3 days
DUE TO (B)	Fracture of left hip and left shoulder	4 days
DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Geo. Merrill
CHIEF OR ASST. MEDICAL EXAMINER, M. D.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): at home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1719 ashburton St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): may - 11 - 1949 A. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell in bath-room. 15/6

22. I hereby certify that I attended the deceased from may 11, 1949 to may 14, 1949, that I last saw the deceased alive on may 14, 1949, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE: William L. Sullivan M. D.
23B. ADDRESS: 2911 Garrison Blvd
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAY 18 1949
24C. NAME OF CEMETERY OR CREMATORY: MT. OLIVET
24D. LOCATION (City, town, or county) (State): ST. MICHAELS - MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Tuttle for Williams, M.D.
25. FUNERAL DIRECTOR: HARRY H WITZKE — ADDRESS: 4101 EDMONDSON AVE

VS 150

186a

G74437
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

G74437
Registered No.

1. NAME OF DECEASED (Type or Print): Florence May Hammett
2. DATE OF DEATH: May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 S. Carrollton Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN: (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location): 8 S. Carrollton ave 03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	W.	Single	May 8. 1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Stewart & Co.	Balto Md	

13. FATHER'S NAME: Wm. J. Hammett
14. MOTHER'S MAIDEN NAME: Margaret Spangler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Miss Grace Hammett	8 S. Carrollton

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 48 hours

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* May 5, 1949, *that I last saw the deceased alive on* May 14, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. W. Stoffregen M. D. M. D.	8 Coon-Read Street	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 18/49	M. Direct	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	Harry H. Raffle	1401 Edmondson ave 83a

VS 150

G74438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74438

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry J. Schuler

2. DATE OF DEATH: 16 May 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 S. Washington St.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 25 N. Wolfe St 6-04

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 22 1887
9. AGE (In years last birthday): 61 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: Dem. club Times bldg
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schuler
14. MOTHER'S MAIDEN NAME: Magdalene Dickas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna Schuler ADDRESS: 25 N. Wolfe St

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 16 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 19-49
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem
24D. LOCATION (City, town, or county) (State): 5500 Frederick Rd Balto.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Dippel Bro. ADDRESS: 1800 E. Lombard St

S 151

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G74439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 G74439 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARTHUR HAYES SCHLEY

2. DATE OF DEATH May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S.Marine Hospital
Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1744 E. Lafayette Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
M	W	Married	1/7/97	52				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warehouse Supt.	Hajoca Corp.	Md.	USA

13. FATHER'S NAME Wm. Schley

14. MOTHER'S MAIDEN NAME Mary Stenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
WW I		215-05-2259	Records- US Marine Hospital	Balto, Md.

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	1- Carcinoma of thyroid	Unknown
DUE TO		
(B)	2- Fatal hemorrhage	20 minutes
DUE TO		
(C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/24/49	Carcinoma of thyroid	YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar. 16, 1949, *to* May 15, 1949 *that I last saw the deceased alive on* May 15, 1949, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
John L. Wilson, Medical Director MD	US Marine Hospital, Balto, Md.	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	MAY. 19-49	BALTO NATIONAL CEMETERY	FREDERICK AVE BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, MD	Bernard E Hartle	121 E West St

VS 150

55c

74440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 7-02
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Gilmor Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAHNER CATHERINE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George J. Lahner
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May. 29. 1899

8. AGE: Years	Months	Days	If less than one day
49	11	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MARRIED FEMALES
12. Name John Diehl
13. Birthplace Balto. Md.
14. Maiden Name Clara. Pohlman
15. Birthplace Balto. Md.

16 (a) Informant Mr. George J. Lahner
(b) Address 510 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-49 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat. Cem.
Location Frederick Ave. Balto Md

18 (a) Funeral director John E. Melly Inc
(b) Address 2418 E. Oliver St

MAY 17 1949 Washington Millimette, Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1949, at 7:47 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1949 to 5/14 1949, and that I last saw her alive on 5/14 1949.

Immediate cause of death: Myocardial Infarction — Duration: 18 days

Due to

Due to

Other Conditions: Diabetes
Tuberculosis of lungs (Inactive)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester Steinberg M.D.

Address Sinai Hosp Date signed 5/17/49

VS 139

61

G74441

BIRTH NO. G74441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G74441

1. NAME OF DECEASED (Type or Print): GEORGE HOPE TYLER

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3953 Wilsby Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimcre
D. STREET ADDRESS (If rural, give location): 3953 Wilsby Ave. 9-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	widowed	Sept. 6, 1870	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	---------Carpentry	Chance, Md.	

13. FATHER'S NAME: William Tyler

14 MOTHER'S MAIDEN NAME: Leah Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		218-09-6643	Mrs. J. Leonard Hall	3953 Wilsby Ave.

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive - Cardio - Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1945 19__, *to* 5-15, 1949 *that I last saw the deceased alive on* 5-15, 1949, *and that death occurred at* 2.30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. H. Ewald M. D.	36 Fork Court	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/17/49	Galto. Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

CERTIFICATE CORRECTED 5-23-49 ✓

G74442

G74442

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Jessie Lamberth	2. DATE OF DEATH May 15, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1725 ~~Lansing Ave.~~ Terrell Place	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1725 Lansing Ave. B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. D. STREET ADDRESS (If rural, give location) 1725 ~~Lansing Ave~~ Terrell Place
c. Length of stay in Baltimore — Yrs. Mos. Days	

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	married	Jan. 18, 1884	65				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
not known	not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		William C. Lamberth 1725 ~~Lansing Ave~~ Terrell Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Diabetic acidosis	2 weeks
DUE TO (B)	Diabetes mellitus	??
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Arteriosclerosis Chronic Glomerulonephritis	30 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/9/49, 19__, *to* 5/15/, 1949 *that I last saw the deceased alive on* 5/14/1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Orman Freedman M. D.	1737 E. North Ave	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 18, 1949	Baltimore	North Ave & Rose St.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 17 1949	[illegible]	Clarence F. Hoffmann 1639 Broadway.

VS 150

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G74443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 978.7 G74443

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES J GRAY Jr. N-861

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 4923 Eastern Avenue 26-OV

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white	Married	March 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles J. Gray Sr.
14. MOTHER'S MAIDEN NAME: mary B Kehoe.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO: —
17. INFORMANT: John Gray — ADDRESS: Rivinda Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Crushed Chest.
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore City Hospital, 4900 Eastern Av
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 15 49 12noon
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Jumped from third floor window

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George L. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 18 1949
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24D. LOCATION (City, town, or county) (State): Dorman Hill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 17 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John H Connelly
ADDRESS: Essex 21 Md.

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164E

BIRTH NO. 674447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 674447

1. NAME OF DECEASED (Type or Print): JOHN W. THIERGARTNER

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 664 Cokesbury Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	If Under 1 Year: Days	If Under 1 Day: Hours	If Under 1 Day: Min.
male	white	MARRIED	[illegible] 1881	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLANNER -		BALTO. -	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			MR. CARROLL THIERGARTNER	664 COKESBURY AVE

CAUSE OF DEATH

16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
George G. Merrill M.D.		5/16/49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-18-49	MEADOW RIDGE MEM. PARK	

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	[illegible]	WIESEFELD & SON	944 GREENMOUNT AVE & 22ND

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G74445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4200

Registered No. G74445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4615 Walther Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 17-01
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4615 Walther Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE L. BAILEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Edward Bailey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 2, 1871
8. AGE: Years 77 Months 5 Days 15 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rufus Knowles
13. Birthplace Maryland

MOTHER
14. Maiden Name Hesta Wright
15. Birthplace Maryland

16 (a) Informant Wm. Snyder
(b) Address 4615 Walther Blvd.
17 (a) Removal (b) Date thereof 5/17/49 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Sharpstown, Md.
18 (a) Funeral director Wm. Cook Sons
(b) Address 1217 S. Paul St.
19 (a) MAY 17 1949 Washington Avenue, Md. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1949 at 4 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to 5/17 1949
and that I last saw h[illegible] alive on 5/16 1949.

Immediate cause of death: Heart Block — Duration 5/16/49

Due to: Arteriosclerotic heart Disease — 1946

Due to: Hypertension — 30 yrs.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Kaufman
Address 4231 Hayford Rd. Date signed 5/18/49

VS 3

937

F-128849 G74446

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74446 Registered No.

1. NAME OF DECEASED (Type or Print): Joe Chapman (Or Joe Chatman.)

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
c. Length of stay in Baltimore: 45 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1010 McDonough Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Sep.	July 4th 1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.C.	

13. FATHER'S NAME: Deceased

14. MOTHER'S MAIDEN NAME: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		RECORDS BALTO. CITY HOSPITALS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Tuberculosis	2-3 Months
DUE TO (B)	Respiratory Difficulty	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	General Emaciation	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5-9, 1949 *to* 5-15, 1949, *that I last saw the deceased alive on* 5-15, 1949, *and that death occurred at* 5:00 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. L. Rogers M. D.	4940 Eastern Avenue	5-16-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-17-49	Mt Calvary Cem	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Washington Williams M.D.	Elroy D. Wilson	1118 Bronty

VS 150

13 B

G74447 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

334 G74447 Registered No.

1. NAME OF DECEASED (Type or Print): Annie Jacobs

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3706 Nortonia Road The Mount Lemmaleasent H...

C. Length of stay in Baltimore: 50 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2916 Ulman Ave 15-12

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	June 25, 1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Russia	

13. FATHER'S NAME: Abraham Freedenberg

14. MOTHER'S MAIDEN NAME: Rebecca Goldstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Lee Cohen	2916 Ulman Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peptic ulcer & hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO

(B) Generalized Arteriosclerosis — 8 yrs

DUE TO

(C) Cerebral Arteriosclerosis — 7 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 41 *to* 5/16/49 19 49, *that I last saw the deceased alive on* 5/16 19 49, *and that death occurred at* 11.45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr M S Sterling M. D.	2916 Entrance Place	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 18, 1949	Hebrew Washington Road	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	Washington Williams, MD	Sol Levinson & Bros	1126 W North Ave

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1448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 31

G74448 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM G. A. HOLLS

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 109 S. Augusta Ave.

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 S. Augusta Ave.

c. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	March 22, 1856	93 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clergyman		Milstaadt, Ill.	

13. FATHER'S NAME: Frederick W. Holls

14. MOTHER'S MAIDEN NAME: Esther Tirmenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-	-	Mr. William Holls	6304 Mayflower Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage, DUE TO

(B) Arteriosclerosis, Generalized DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 12 May, 1949 to 16 May, 1949, that I last saw the deceased alive on 15 May, 1949, and that death occurred at 4:30 a m., from the cause and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lawson B. Thomas M. D.	4207 Frederick Ave	17 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/19/49	St. Paul's Cem.	Violetsville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	[illegible]	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 150

83a

G74449

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191

G74449

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM EMORY SMUCK

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3105 Rosekemp Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3105 Rosekemp Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	widower	Sept. 7, 1866	82 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	wholesale druggist	Balto., Md.	

13. FATHER'S NAME: John Summerfield Smuck

14. MOTHER'S MAIDEN NAME: Mary T. Helfrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Mr. Charles S. Smuck	6007 Altamont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Cheek — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1949, *to* 5-15-, 1949, *that I last saw the deceased alive on* 5-17, 1949, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. W. Peake M. D.	4508 Harford Road	5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 17 1949	[signature]	WM. J. TICKNER & SONS	Balto., Md.

VS 150

53

74450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 5 3

G74450 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY SELDON WOOD

2. DATE OF DEATH 5-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 735 Newington Ave 12 0 ✓

5. SEX ♂
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 6, 1914
9. AGE (In years last birthday) 35
If Under 1 Year: Months — Days
If Under 24 Hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sim Wood
14. MOTHER'S MAIDEN NAME Velma Wine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO —
17. INFORMANT Pt's. Hospital Record; ADDRESS (Street) Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(a) DUE TO Carcinoma of Sigmoid & multiple metastases

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(b) DUE TO —
(c) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 4/29/49
19B. MAJOR FINDINGS OF OPERATION Metastatic lesions of intestines
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 16, 1949, *to* May 17, 1949 *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 5:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE James McC. Finney M. D.
23B. ADDRESS Union Memorial Hospital
23C. DATE SIGNED 5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 5/19/49
24C. NAME OF CEMETERY OR CREMATORY Clifton Forge Va.
24D. LOCATION (City, town, or county) (State) Vulcan Forge Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1949
REGISTRAR'S SIGNATURE Lucretia Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS William J. Tickner & Sons North & Pa. Aves

VS 150

46E

4451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

057.0 G74451

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) MR. George J. Troyer

2. DATE OF DEATH 5/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 233 Mallow Hill Ave 28-04

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	Aug 18 1930	18		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY STUDENT

11. BIRTHPLACE (State or foreign country) Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr. George J. Troyer

14. MOTHER'S MAIDEN NAME Mrs. Hazel E. ~~Troyer~~ Dietrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Abscess — INTERVAL BETWEEN ONSET AND DEATH 1 wk approx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Meningococcus Meningitis — 1 mo.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/16/49	Cerebral abscess	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/17 19 49, *to* 5/17 19 49, *that I last saw the deceased alive on* 5/17 19 49, *and that death occurred at* 2.45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William S. Womack M. D.	Bon Secours Hosp.	5/17/49

24A. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	London Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Tuttle for Williams, M.D.	Wm Cook Inc.	217 St. Paul St.

VS 150

6

G74452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

174 Registered No.

G74452

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Kane

2. DATE OF DEATH 5/15/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 1617 E. 31st St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1617 E. 31st St 406

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Widow.	2 7 88	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		Pikesville Md.	USA

13. FATHER'S NAME Albert B Schultz

14. MOTHER'S MAIDEN NAME Maria E [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mr Lawrence [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Uterus DUE TO

INTERVAL BETWEEN ONSET AND DEATH 18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
Biopsy 11/20/48	Carcinoma	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1947 *to* May 11, 1949, *that I last saw the deceased alive on* May 9th, 1949, *and that death occurred at* 4 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Schultz M. D.	701 N. Kenwood Ave.	May 16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Cathedral	[illegible] Kenwood Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	[illegible] Williams, M.D.	[illegible] Funeral Home	[illegible]

VS 150

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74453 ✓ 571.0 764.0 S-74453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph William Jones

2. DATE OF DEATH: 5/17/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Vincents Infant Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-01

C. Length of stay in Baltimore: Life Yrs. 1 Mos. 10 Days

D. STREET ADDRESS (If rural, give location): 6702 Reisterstown Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Infant	4/7/49		1 / 10	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not established	Mary Loretta Jones ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Acute bacteria Enteritis of Newborn	3 weeks
ANTECEDENT CAUSES	DUE TO (B) Malnutrition	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/13/49, 19__, *to* May 17, 1949, *that I last saw the deceased alive on* 5/17, 1949, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lawrence Wirk M. D.	4510 Harford	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/18/49	Sacred Heart	Edmondson Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5/18/49	Huntington Williams, M.D.	J. J. Fahey Sons	318 Light St

VS 150

119-a

74454 BALTIMORE CITY HEALTH DEPARTMENT C74454

CERTIFICATE OF DEATH

Registered No. 451

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN HOWARD BROADBENT

2. DATE OF DEATH May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mercy Hospital

c. Length of stay in Baltimore 2 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 212 East Belvedere Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Married	May 16 1904	45	0	1		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Design Engineer	Westinghouse Corp	New Jersey	

13. FATHER'S NAME
Howard Miles Broadbent

14. MOTHER'S MAIDEN NAME
Mary Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	USNA - 25	556-09-6801	Mrs John Howard Broadbent	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
(A)	Rupture of Aorta	
DUE TO		
(B)	Arteriosclerosis	
DUE TO		
(C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McClafferty M.D.		May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 19 1949	Arlington National	Arlington Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	[illegible]	Henry W. Jenkins Son Co	490 York Rd

VS 151

96

G74455 ✓ G74455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 170 Registered No.

1. NAME OF DECEASED (Type or Print): ESTHER SUSKIN
2. DATE OF DEATH: 5-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1535 No Bentelow St
C. Length of stay in Baltimore: 41 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 07
D. STREET ADDRESS (If rural, give location): 1535 No Bentelow St

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 57 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Sidney
14. MOTHER'S MAIDEN NAME: Rachael
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Suskin ADDRESS: 1535 No Bentelow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Schirrhus Carcinoma of left Breast with Metastases
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 27 mo.

19A. DATE OF OPERATION: 9-24-47
19B. MAJOR FINDINGS OF OPERATION: Schirr. Carc. L. Breast, axillary glands
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12-1947 *to* 5-17-1949 *that I last saw the deceased alive on* 5-17-1949 *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. G. Grossman M. D.
23B. ADDRESS: 1109 N. Calvert St
23C. DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-18-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: Curtis for Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 150

50

74456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17°

G74456

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Lillian Potter

2. DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 9 York Court, Guilford 12-01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 3, 1889
9. AGE (In years last birthday): 59
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Edward Clinton Webb
14. MOTHER'S MAIDEN NAME: Florence Child

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Union Memorial Hospital records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of BREAST (REMOVED) & Metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: February 1949
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of breast
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1949, *to* May 17, 1949, *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Frank Snyder III M. D.
23B. ADDRESS: Union Memorial Hos
23C. DATE SIGNED: 5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 19-1949
24C. NAME OF CEMETERY, OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 329 Park Road

VS 150

50

74457

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74457

1. NAME OF DECEASED (Type or Print): CHARLES ALBERT PLATER

2. DATE OF DEATH: May 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3217 McTeague St. 2006

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
male	colored	widowed		54				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Plater	Dora Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
yes World War I		Vivian Johnson 1800 N. Appleton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary artery disease	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C. DATE SIGNED
Helbian J. McCafferty M.D.		May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-19-49	National Cem	Baltimore

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Huntington Williams, MD	Mr. Francis A. Hemsley	5-7 Pal. Biddle St

VS 151

94a

74468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 G74458 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Henry Janey

2. DATE OF DEATH: 5-15-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland 907 PARK AVE.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. 11 Mos. 0 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 907 PARK AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	Colored	WIDOWED		57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: MRS. JANEY — ADDRESS: 729 PARK AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-renal Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Nephritis — 15 days.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* May 1 — 1949 *to* May 15, 1949 *that I last saw the deceased alive on* May 15 1949 *and that death occurred at* 12:5^ *m., from the causes and on the date stated above.*

23A. SIGNATURE: James A. Solomon M. D.

23B. ADDRESS: 2329 Greenford Cir.

23C. DATE SIGNED: May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 18 1949

24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949

REGISTRAR'S SIGNATURE: Turnbridge Williams M.D.

25. FUNERAL DIRECTOR: A. Hasbrook — ADDRESS: 918 Druid Hill Ave.

VS 150

131a

74459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74459

BIRTH NO. B.C. 49-05865

1. NAME OF DECEASED (Type or Print): DOROTHY ANNE BELL

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: LIFE (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 909 St. Barnabas Court 17-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Yr. Months	Days	If under 24 hours Hours	Min.
Female	Colored	CHILD	3-21-49		1	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHILD		BALTIMORE	U.S.A.

13. FATHER'S NAME: Dellon Lee Bell

14. MOTHER'S MAIDEN NAME: Daisy White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Dellon L. Bell	909 St. Barnabas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Status thymicolymphaticus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: George L. Merrill M.D. | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ | 23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5-19-49	MT. ~~AUBURN~~ CALVARY	A. A. Co. MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: A. HAISTEAD - 918 PRINCE HILL | ADDRESS

VS 151

Balto. 1, Md.

64

74460 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74460 Registered No.

1. NAME OF DECEASED (Type or Print): Samuel K Walter
2. DATE OF DEATH: May 16 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland 1218 E Federal
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: 45 yrs 0 mos 0 days
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: 1218 E Federal
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1218 E. Federal 9 04
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 12 1891
9. AGE (In years last birthday): 58 | If under 1 Year: Months, Days | If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Bldg
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Albert Walter
14. MOTHER'S MAIDEN NAME: Anna Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): U.S. World War I
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. [illegible] Walter ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adeno-Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: Several months ago
19B. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma of Sigmoid
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1949 to 5/16, 1949 *that I last saw the deceased alive on* 5/16, 1949, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Tyler W. Edley, M.D.
23B. ADDRESS: 5703 Harford Rd.
23C. DATE SIGNED: 5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 19 1949
24C. NAME OF CEMETERY OR CREMATORY: Balto National
24D. LOCATION (City, town, or county) (State): Balto City

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: C. Howard Evans ADDRESS: 1400 Eldorado

VS 150

46E

G74461

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

G74461

Registered No.

1. NAME OF DECEASED (Type or Print) NEW, Miss Gertrude

2. DATE OF DEATH May 16 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland Baltimore, Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home for Incurables 700 W 40th St. Baltimore 11 Md.
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1307

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 19, 1878
9. AGE (In years last birthday) 71 If under 1 Year Months Days If under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer
10B. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Bernard New
14. MOTHER'S MAIDEN NAME Henrietta Stoll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Laura Fischer R.N. ADDRESS Home For Incurables

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — Interval between onset and death: 2 days

DUE TO

(B) Hypertensive-Arterial Cardio Vascular Disease — 20 years +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

(C) Diverticulitis — 21 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 1st 1938 *to* May 16 1949, *that I last saw the deceased alive on* May 16 1949, *and that death occurred at* 8 40 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE Thomas Conrad Wolf M. D.
23B. ADDRESS 11 East Chase St. Baltimore 2 Md.
23C. DATE SIGNED May 16 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 19/49
24C. NAME OF CEMETERY OR CREMATORY Balto Hebrew
24D. LOCATION (City, town, or county) (State) Belair Rd City.

DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1949
REGISTRAR'S SIGNATURE [redacted]
25. FUNERAL DIRECTOR Dan'l Goodlein & Son
ADDRESS 1802 E. Eutaw St

VS 150

937

74462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74462

BIRTH NO. 181 Registered No.

1. NAME OF DECEASED (Type or Print): John L. Buehl

2. DATE OF DEATH: May 16th 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3815 Hudson St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Balto B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Md

D. STREET ADDRESS (If rural, give location): 3815 Hudson St

c. Length of stay in Baltimore: Life — Yrs. 26 Mos. 0 Days 9

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 9th 1872 | 9. AGE (In years last birthday): 77 | If under 1 year: Months Days | If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael J. Buehl

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Buehl ADDRESS 3815 Hudson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma Bladder	3 years
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	decompensated heart disease	3 months

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1949 *to* May 16, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 4:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE: E. Ellsworth Cole M. D. | 23B. ADDRESS: 2431 Maryland Ave | 23C. DATE SIGNED: May 17 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: May 17th 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer | 24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949 | REGISTRAR'S SIGNATURE: [illegible] | 25. FUNERAL DIRECTOR: Lee S. Cook ADDRESS: 1703 N. Patterson Park ave

VS 150

528

74463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60 ✓

G74463

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HANNAH L. SANDS

2. DATE OF DEATH 16 MAY, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE CITY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIV. OF Md.

c. Length of stay in Baltimore 40 YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY 1
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 6236 BELLONA AVE. 27 14

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W.	WIDOWED	APR. 15, 1886	63	/ /	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	SCOTLAND	U. S. A.

13. FATHER'S NAME ANDREW SIMPSON

14. MOTHER'S MAIDEN NAME MARGARET KELLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	NONE	MRS DOROTHY SANDS	6236 BELLONA AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Kidney disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral calculi

DUE TO

(C) Uremia + Coma

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 25, 1949, *to* May 16, 1949, *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 8:25 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John F. Benson M. D.	Un. Hosp.	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	19 MAY, 1949	WOODLAWN CEM. BALTO. CO.	WOODLAWN, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Washington Williams, M.D.	Walter Brooke Bradley,	709 Willow Spring Rd Balto 22

VS 150

134a

4424 ✓581.0 G74464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No. G-74464

1. NAME OF DECEASED (Type or Print) John A. Smith

2 DATE OF DEATH 5-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md. B COUNTY

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27-4E

D STREET ADDRESS (If rural, give location) 5802 Ripley Rd.

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Divorced	1-4-95	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Guard	Canton RR	Md	US A

13. FATHER'S NAME John Smith

14 MOTHER'S MAIDEN NAME Annie Quasky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		218-14-0697	Mrs Pearl Bachman	Sister (same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
-		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23-, 1949 *to* 5-16-, 1949, *that I last saw the deceased alive on* 5-16-1949 *and that death occurred at* 9:50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. A. Judd M. D.	Mercy Hospital	5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
	May 19/1949	Cedar Hill	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	[illegible] Williams, M.D.	C. Howard Evans	1400 Edmondson Ave

VS 150

124-13

74465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0 r 3

G74465 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHRISTOPHER J MASON

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1919 Hollins Street

2003

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Married	July 22, 1913	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	American Oil Co.	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George G. Mason	Minnie Schutry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	214-03-0047	Mrs. May Mason	1919 Hollins Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO Myocardial hypertrophy and degeneration

(B) Syphilitic aortitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George G. Merrill M.D.		5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-19-49	Western Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Hamilton Williams, M.D.	A. Howard Evans	1400-02 S. Charles St.

VS 151

307

~~74466~~ Harbold

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74466

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES H. BECKMAN-Sr.

2. DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5440 Belair Road
Gardenville Convalescent Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3700 Hamilton Avenue 27-34

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 7, 1876
9. AGE (In years last birthday): 72 | If under 1 year: Months Days | If under 24 hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Beckman
14. MOTHER'S MAIDEN NAME: Augusta
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles H. Beckman, 3700 Hamilton Av — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs
DUE TO
(B) Arteriosclerotic Cardiovascular Disease ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Senility (Cerebral arteriosclerosis)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 22, 1948 *to* May 17, 1949 *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. L. Harbold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-20-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road

VS 150

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G74467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74467

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Hamilton Ironmonger

2. DATE OF DEATH: May 16 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 3113 Westwood Ave. 2-7-44

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	W	Married	2-2-1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholster & Cabinet Maker		Balto Md	

13. FATHER'S NAME: Henry H. Ironmonger

14. MOTHER'S MAIDEN NAME: Mollie Brashears

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs Lula A. Ironmonger	3113 Westwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bilateral emphysematous Bleb	2 years
DUE TO (B)	Senile emphysema	10 years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Arteriosclerotic CVD	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* May 16, 1949, *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 11:55 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert E. Hunter M.D.	University Hospital	May 16 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-20-49	Moreland Pk.	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Thurlington Williams, M.D.	Leonard J. Luck	5305 Harford

VS 150

937

74468 [redacted] 49 G74468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. [redacted] Registered No.

1. NAME OF DECEASED (Type or Print): ROBERT J JENKINS — 2. DATE OF DEATH: 5/17/49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Ellsworth

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME & HOSPITAL

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2409 ORLEANS St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		AUG 23 1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INSPECTOR		BALTO. MD.	

13. FATHER'S NAME: ROBERT JENKINS

14. MOTHER'S MAIDEN NAME: ROSA DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 212-10-1465

17. INFORMANT — ADDRESS: Melvin R. Jenkins - 3400 Cliftmont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	INFARCTION OF MYOCARDIUM	
DUE TO	DUE TO ARTERIOSCLEROTIC CORONARY THROMBUS	
(B)	UREMIA	
DUE TO		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/9, 1949 *to* 5/17, 1949 *that I last saw the deceased alive on* 5/17, 1949, *and that death occurred at* 4:00 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald W. Winter M.D.	Church Home	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Baltimore Cemetery	North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
MAY 18 1949	Huntington Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street

VS 150

94a

74469 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74469 — Registered No.

1. NAME OF DECEASED (Type or Print): WILLIE JONES

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 211 Camel Street 11 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	Colored	Single	5-16-1899	49	11 / 29	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		MARYLAND	U.S.A.

13. FATHER'S NAME: RIDGEWAY JONES

14. MOTHER'S MAIDEN NAME: HATTIE CHASE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO			HELEN BLACKWELL	539 MOSHER ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic aortitis, with sealing off of mouth of Lt coronary artery

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George L. Merrill M.D.		May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-20-49	Mt. Calvary	A. A. Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Huntington Williams, M.D.	[illegible]	[illegible] Baltimore, Md

VS 151

G74470

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74470 Registered No.

1. NAME OF DECEASED (Type or Print): Earl A. Smalley

2. DATE OF DEATH: 16 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: a. a
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brooklyn Park
D. STREET ADDRESS (If rural, give location): 4608 Ritchie Highway

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital (OOA)

c. Length of stay in Baltimore: 37 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
Male	White	Married	Aug 11, 1880	68	9	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine Pipe Fitter	Md. Dry Docks	Ohio	

13. FATHER'S NAME: Jonathan Smalley

14. MOTHER'S MAIDEN NAME: Hannah Albright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-10-5062

17. INFORMANT: Sadie C. Smalley ADDRESS: 4608 Ritchie Highway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 16 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 19, 1949	Meadowridge	Jessups - Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Mr. & Mrs. John H. Teufel & Son ADDRESS: 5311 Edmondson Ave

VS 151

94a

74471
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 98 r. 0 G74471
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES WALKER

2. DATE OF DEATH MAY 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1633 Little Walsh Street 14 c r

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	colored		1/5/1929	22		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Md.	

13. FATHER'S NAME Jos. Walker

14. MOTHER'S MAIDEN NAME Amanda Waters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
YES	W W # 2		Amanda Walker	1326 Myrtle Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab-wound of heart.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1633 Little Walsh Street
21D. TIME OF INJURY (Month) 5 (Day) 17 (Year) 49 (Hour) 2 a. m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Sharp instrument

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE George L. Merrill M.D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Balto. National	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Geo. H. Kelson ADDRESS 1303

VS 151

167 Pressman

G74472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74472

BIRTH NO.

1. NAME OF DECEASED (Type or Print)	Bernard L. Holzbach
2. DATE OF DEATH	May 17, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	106 West 25th Street
C. Length of stay in Baltimore	Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	106 West 25th Street 12 07
5. SEX	male
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	married
8. DATE OF BIRTH	Jan. 17, 1905
9. AGE (In years last birthday)	44
If under 1 year: Months / Days	4 / 0
If under 24 hours: Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Lithographer
10B. KIND OF BUSINESS OR INDUSTRY	A. Hoen & Co.
11. BIRTHPLACE (State or foreign country)	Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	Charles B. Holzbach
14. MOTHER'S MAIDEN NAME	Margaret (unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	no
(If yes, give war or dates of service)	--
16. SOCIAL SECURITY NO.	227-01-4141
17. INFORMANT	Edith Holzbach, 106 West 25th Street
ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ~~unk~~

DUE TO

(B) Hypertension — ~~unk~~

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17, 1949 *to* May 17, 1949 *that I last saw the deceased alive on* May 17, 1949 *and that death occurred at* 6:30 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	M. D.	23B. ADDRESS: 112 W. 25th St. 6X
		23C. DATE SIGNED: May 18 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
removal	5/18/49	Riverview	Richmond, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: MY 18 1949	REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.	25. FUNERAL DIRECTOR / ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

VS 150

94a

G74473 G74473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4 4 3

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK C. GRIFFIN Sr

2. DATE OF DEATH: MAY 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3904 MAYBERRY AVE

c. Length of stay in Baltimore: Yrs. LIFETIME Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3904 MAYBERRY AVE 27 05

5. SEX: M.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 10, 1876

9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~MAY 10, 1876~~ BALTO.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: SAMUEL GRIFFIN

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): =
(If yes, give war or dates of service): =

16. SOCIAL SECURITY NO: 217-09-1223

17. INFORMANT: FRANK C. GRIFFIN, Jr ADDRESS: 3406 GLENMORE Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovascular disease — unknown

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1949 *to* May 17, 1949 *that I last saw the deceased alive on* May 16, 1949 *and that death occurred at* 1:15A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Adam Shuyo M. D.

23B. ADDRESS: 6222 Belair Rd.

23C. DATE SIGNED: May 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: MAY 20, 1949

24C. NAME OF CEMETERY OR CREMATORY: PARKWOOD Cemetery

24D. LOCATION (City, town, or county) (State): TAYLOR AVE BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949

REGISTRAR'S SIGNATURE: Dorothy Mae Williams M.D.

25. FUNERAL DIRECTOR ADDRESS: Howard N. Blight Jr. 6009 Harford Rd. Balto. Md.

937

G74474

BALTIMORE CITY HEALTH DEPARTMENT 2043 G74474
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) GILBERT V. NORRIS
2. DATE OF DEATH 17 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GEN. HOSP
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #2
D. STREET ADDRESS (If rural, give location) 1309 HARFORD AVE 9 9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
MALE	WHITE	MARRIED	20 JUNE 1888	60	10 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN	Garage	MARYLAND	U.S.A.

13. FATHER'S NAME RICHARD S NORRIS
14. MOTHER'S MAIDEN NAME FLORENCE ROBERTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
None	None		WIFE ANNA NORRIS	2917 Louise Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ACUTE GRANULOCYTIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH 2½ MOS
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY (Yes ☐ No ☒) REFUSED

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 02 APRIL, 1949, *to* 17 MAY, 1949, *that I last saw the deceased alive on* 16 MAY, 1949, *and that death occurred at* 5:05 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald L. England M. D.	MARYLAND GEN. HOSP.	17 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-20-49	Baltimore Cemetery	E.North Avenue, Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Huddington Williams, M.D.	George J. Ruth, Inc.	1735 Harford Avenue

VS 150

74a

G74475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 177

G74475 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edmund Auman

2. DATE OF DEATH: MAY 18 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Somerset
D. STREET ADDRESS (If rural, give location): 365 N. Patriot St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	1-9-88	61				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Md	

13. FATHER'S NAME: Peter Auman

14. MOTHER'S MAIDEN NAME: Alice Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
DUE TO [illegible]

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-10- 1949 *to* 5-18 1949, *that I last saw the deceased alive on* 5-18- 1949, *and that death occurred at* 3 00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William E. Chase M. D.	JOHNS HOPKINS HOSPITAL	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21 1949	Hasleymots	Summerset Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Wellington Williams, M.D.	Stewart Warren Co.	108 W. York St

VS 150

512

GM. 126779

BIRTH No. G744776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4no.0 G744776

1. NAME OF DECEASED (Type or Print): William P. Davis

2. DATE OF DEATH: May 17- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 6 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 319 E. North Ave. Z 2 1205

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	White	S	Aug 3- 1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Edmonia Raglin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolus
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Arteriosclerosis Heart Disease 3 Yrs.
Emphysema -Aneurysm-Pulmonary Artery Probable

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2- 10- 1949 *to* 5- 17- 1949, *that I last saw the deceased alive on* 5- 17- 1949 *and that death occurred at* 11.15 ~~A~~M., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: B.CH. 4940 Eastern Ave.
23C. DATE SIGNED: 5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5.20.49
24C. NAME OF CEMETERY OR CREMATORY: Home Place
24D. LOCATION (City, town, or county) (State): Hookland Co. Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 18 1949
REGISTRAR'S SIGNATURE: Evelyn Williams M.D.
25. FUNERAL DIRECTOR: John C. Melby Inc. ADDRESS: 2422-28 E Oliver St

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G74477 BALTIMORE CITY HEALTH DEPARTMENT G74477

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Minnie Baker

2. DATE OF DEATH May 16, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2018 Druid Hill Ave

c. Length of stay in Baltimore 40 yrs Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2018 Druid Hill Ave 14-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	Colored	Widowed	Apr. 23, 1887	62	0 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Va.	U.S.

13. FATHER'S NAME Joseph Lindsay

14. MOTHER'S MAIDEN NAME Emily

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No None		John T. Baker, Jr.	2225 Madison Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 mo. 13 days
DUE TO
(B) Hypertensive Cerebro ?
DUE TO
(C) Sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/3/ 1949 *to* 5-16-, 1949 *that I last saw the deceased alive on* 5-16-, 1949 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. F. Maloney M.D. M. D.	57 Winterbourne Balto-28	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 20/1949	Mt. Auburn Cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	[illegible]	John M. Johnson	1700 Druid Hill Ave

VS-150

92B

G74478 BALTIMORE CITY HEALTH DEPARTMENT G74478

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) NOBENE McCORMICK LITTLETON
2. DATE OF DEATH May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
c. Length of stay in Baltimore life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2400 Longwood St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W			40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housf.	—	Baltimore	

13. FATHER'S NAME Lawrence McCormick
14. MOTHER'S MAIDEN NAME Mary Offutt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
DUE TO
(B) Carcinoma, right breast — 18 mo.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myelophthisic Anemia

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
10/29/49	Carcinoma of breast (right)	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1949, *to* May 17, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 12.40 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
L. Robert Shull M. D.	Mercy Hospital	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 20, 1949	Druid Ridge	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Tuskington Williams, MD	H. H. Mears and Son	805 N. Calvert St

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Wright 5-60

G74479 BALTIMORE CITY HEALTH DEPARTMENT G74479

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Harriett Ann Wright
2. DATE OF DEATH: 5/16/1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 Linden Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1118 Linden Ave. 11-4
E. Length of stay in Baltimore: Yrs. Mos. Days
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 27 1881
9. AGE (In years last birthday): 67 — If under 1 year: Months 10, Days 9 — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Caroline Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harrison Causey
14. MOTHER'S MAIDEN NAME: Augusta Downes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No or Unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. Hend Holley ADDRESS: 1118 Linden Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension Cardio-Renal — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Disease - Diabetes - Gangrene

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 19[illegible] to 5/16, 19[illegible] that I last saw the deceased alive on 5/15, 19[illegible] and that death occurred at 9:05 A.m., from the causes and on the date stated above.

23A. SIGNATURE: W. E. Causey M. D. | 23B. ADDRESS: 900 N. Arlington Avenue | 23C. DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 5/19/1949 | 24C. NAME OF CEMETERY OR CREMATORY: Family Lot | 24D. LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949 | REGISTRAR'S SIGNATURE: [illegible] | 25. FUNERAL DIRECTOR: Hallcraft Funeral Home | ADDRESS: 1601 Druid Hill Ave.

VS 150

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Hinkle

BALTIMORE CITY HEALTH DEPARTMENT 776 G74480

BIRTH NO. BC 49 28819 G74480 Registered No.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): Alfreda E. Hinkle

2. DATE OF DEATH: May 18 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Harriet Lane Hos

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-3

D. STREET ADDRESS (If rural, give location) 212 E. Balto. St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White		5-11-49			7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Hinkie

14. MOTHER'S MAIDEN NAME Elizabeth Duvarage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/12, 1949, to 5/18, 1949, *that I last saw the deceased alive on* 5/18, 1949, *and that death occurred at* 2:25 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton Markowitz, MD M. D.	JOHNS HOPKINS HOSPITAL	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/19/49	Mt Carmel	Mt Carmel Pa

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Curtis Williams, MD	Wilson C. Dye	1219 E. Fort St

VS 150

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G74481 ✓ 420.1 G74481

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): TIT BELANOVSKY

2. DATE OF DEATH: May 15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 20 S. High Street 2-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
Male	White	Single	Unknown	60				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Grocery	Russian	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
			John A. Grebliauckas, Jr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Per: H. L. McClafferty M.D. George G. Merrill M.D.	☐ / ☒ / ☐	5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 19 1949	Holy Trinity - Russian	Elkridge, Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 18 1949	Huntington Williams, M.D.	J. A. Grebliauckas, Jr. 1905 E. Pratt St.

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J. A. Grebliauckas Jr

G74482

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 G74482 Registered No.

1. NAME OF DECEASED (Type or Print): Albert C Wise

2. DATE OF DEATH: 17 May 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 27 N. Carey St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hospital 27 N. Carey St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1424 N. Chester St. 1-5

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 24th 1885
9. AGE (In years last birthday): 64
If under 1 Year: Months, Days. If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses
10B. KIND OF BUSINESS OR INDUSTRY: Shoe Business
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Wise
14. MOTHER'S MAIDEN NAME: Shanna Hillery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret Brown ADDRESS: 730 Collington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

over

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1949, to May 17, 1949 *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: W. R. Johnson M. D.
23B. ADDRESS: 403 Med Arts Bldg
23C. DATE SIGNED: 5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/20/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul St.

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G74483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74483 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jesse Nathaniel Polan

2. DATE OF DEATH: 5/18/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-1

c. Length of stay in Baltimore: 50yrs. (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): Emgrsonian Apartments

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years, last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	M.	11-15-75	73-74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Umbrella Manfacturer		Lithuania	U.S.A.

13. FATHER'S NAME: Joseph Polan

14. MOTHER'S MAIDEN NAME: Barbara ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Alvin Polan (son)	Emgrsonian Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

(B) Myocardial infarction

DUE TO

(C) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-11 19 49 *to* 5-18 19 49, *that I last saw the deceased alive on* 5-13 19 49, *and that death occurred at* 4 1/2 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis J. Cathin M. D.	Union Memorial Hospital	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-19-49	Arlington	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Thurston for Williams, MD	Jack Lewis Inc	2100 Eutaw Pl

VS 150

61

G74484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74484

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PAMELIA P. WILSON

2. DATE OF DEATH: May 18-1949 4703 Hamptett Ave

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4703 HAMPNETT AVE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Ridge Convalescent Home
C. Length of stay in Baltimore: 45 years (Yrs.) (Mos.) (Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 4703 Hamptett Ave
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4703 Hampett ave. 27-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	single	Sept 2 1852	97		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Balto Co. Md.	U. S.

13. FATHER'S NAME: Jackson Wilson

14. MOTHER'S MAIDEN NAME: Amanda J. Coates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	—	Eugene H. Weakley	224 Goodale Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1949 *to* 5/18, 49, *that I last saw the deceased alive on* 5/18, 19 49 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Eugene H. Bolley, M. D.	5103 Hartford Rd.	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	May 20/49	St James Cemetery	The Manor Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Washington Mitchell, Md	John C. Mitchell Sons	1900 Eutaw St.

VS 150

93D

G74485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74485

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DR. J. EMORY POULTON

2. DATE OF DEATH: 17 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN. HOSP

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE #15 15-10
D. STREET ADDRESS (If rural, give location): 3909 GARRISON BLVD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 14 DEC 1879
9. AGE (In years last birthday): 69
Under 1 Year: Months Days
Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: J. Emory Poulton

14. MOTHER'S MAIDEN NAME: Catherine Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO: NO

17. INFORMANT: WIFE
ADDRESS: SAME
SARAH F. POULTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) MYOCARDIAL INFARCTION — (INTERVAL BETWEEN ONSET AND DEATH) 3wks??
DUE TO
(B) ARTERIOSCLEROTIC HEART DISEASE — ? YRS.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 01 MAY, 1949, *to* 17 MAY, 1949, *that I last saw the deceased alive on* 16 MAY, 1949, *and that death occurred at* 7:25A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald L. England M.D.
23B. ADDRESS: MARYLAND GEN HOSP
23C. DATE SIGNED: 17 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/20/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Livingston Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

931

G74486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74486

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): JULIA WILHELMINA SCHWECKENDIEK

2 DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2500 Queen Ann Rd.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2500 Queen Ann Rd.

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	Sept. 14, 1866	82 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
none		Baltimore, Md.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
George Schweckendiek	Elsie Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no	no	Mrs. Minette E. Scott	2500 Queen Ann Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/9 1944 *to* 5/17, 1949, *that I last saw the deceased alive on* 5/16, 1949, *and that death occurred at* 11 3/4 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Robert A. Reitz M. D.	340 E Windsor Ave.	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/19/49	Baltimore Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, MD	WILLIAM J. TICKNER & SONS	Balto., Md.

VS 150

94a

G74487 - 128936

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

521 G74487.

Registered No.

1. NAME OF DECEASED (Type or Print) Upton Young Reid

2. DATE OF DEATH 5-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2101 N. Pulaski St. -17

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.
8. DATE OF BIRTH April 6, 1875
9. AGE (In years last birthday) 74 yrs. If under 1 Year Months, Days If under 24 Hours Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser-retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md. (Balto.)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sylvester Young
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT B. C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Empyema, Right Pleural Cavity — 4 wks.
DUE TO
(B) pyogenic lung abscess ~~Pulmonary Tuberculosis~~ — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(over)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ Yes NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12- , 1949 *to* May 16 , 1949, *that I last saw the deceased alive on* May 16 , 1949 *and that death occurred at* 6.30 AM. *from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B. ADDRESS 4940 Eastern Ave.
23C. DATE SIGNED 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/20/49
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.

VS 150

1149

G74488

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74488

Registered No.

1. NAME OF DECEASED (Type or Print): John H. Mitchell

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1509 Druid Hill Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. COUNTY
1509 Druid Hill Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 14-2
D. STREET ADDRESS (If rural, give location): 1509 Druid Hill ave

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	Colored	married	1878	70	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Balt	U.S.A.

13. FATHER'S NAME: Edward Mitchell

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	—	Eleanor Mitchell	1509 Druid Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Cardiovascular Renal Disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
H. G. Merrill M.D.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	For: John R. Davis M.D., CHIEF OR ASST. MEDICAL EXAMINER,	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-25, 1949, *to* 5-18, 1949 *that I last saw the deceased alive on* 3-6, 1949, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. G. Merrill M. D.	805 N. Fremont Ave	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24 49	Not known	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Christopher Williams M.D.	James A. Hayes	142 N. Eutaw St.

VS 150

1319

G74489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74489

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) William Evans

2. DATE OF DEATH 14 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital 27 Cary St

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 711 N. Fremont ave.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 17-3
D. STREET ADDRESS (If rural, give location) 711 N. Fremont ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	Negro	Single	1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James Evans

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Percy Evans ADDRESS 2402 Francis St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/7 1949 *to* 5-17 1949, *that I last saw the deceased alive on* 5/7 1949, *and that death occurred at* 11a m., *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	403 Medical Arts Bldg	5/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21-49	Mt Calvary	a.a. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR James Astaya ADDRESS 142 W. Hoe St.

VS 150

93D

74490 JL 128347

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74490

Registered No.

1. NAME OF DECEASED (Type or Print) Florence Epps

2. DATE OF DEATH 5-17-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.

c. Length of stay in Baltimore 20 yrs. (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1217 Madisoh Ave. 11-4

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Negro	Wid.	July ? ?	50 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME Page Stakes (Stokes)

14. MOTHER'S MAIDEN NAME Elizabeth Austin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		B. C. H. Records,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease
DUE TO Cerebral Arteriosclerosis

(B) Arteriolar Nephrosclerosis
DUE TO

(C) Arteriosclerosis Generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ No NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-19, 19 49 *to* May 17, 1949, *that I last saw the deceased alive on* May 17, 19 49, *and that death occurred at* 1.45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. S. Lozen M. D.	4940 Eastern Ave.	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Family Lot	Blackstone, Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, M.D.	Holland Funeral Home	1691 Druid Hill Ave.

VS 150

131a

G74491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33

Registered No. G74491

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARA MARIE PHILLIPS

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1722 Belvedere Avenue

c. Length of stay in Baltimore: 67 years (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1722 Belvedere Avenue

27-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widow	June 21, 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	USA

13. FATHER'S NAME: Henry C. Zander

14. MOTHER'S MAIDEN NAME: Dorothea ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	none	Mrs. Richard Jurgens	1615 E. 31st

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cebral Thrombosis	3 days
	DUE TO (B) arteriosclerosis	1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) chronic osteo arthritis	1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1948 *to* May 18, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 12 45 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Egbert H. Mortimer Jr. M. D.	2706 St Paul St	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Moreland Memorial	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams M.D.	HENRY SANDER & SONS, INC.	

VS 150

BALTIMORE - 13, MARYLAND

83 B

G74492 G74492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 17 4

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS. ANNA DOROTHEA SHAPROW

2. DATE OF DEATH: 5-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSP.
C. Length of stay in Baltimore: 63 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 3806 EDNOR RD. 4-1

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-24-86
9. AGE (In years last birthday): 63 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWPE.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Oliphant
14. MOTHER'S MAIDEN NAME: Barbara Gerber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: None
17. INFORMANT: Mr. Harry Shaprow-3806 Ednor Rd.-18 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Abdominal Carcinomatosis
DUE TO
(B) Carcinoma of corpus uteri
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertonic heart disease & auricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 4-28-49
19B. MAJOR FINDINGS OF OPERATION: Generalized abdominal carcinomatosis
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27, 1949, *to* 5-16, 1949 *that I last saw the deceased alive on* 5-16, 1949, *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Joseph Kreger M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: 5-16-49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/19/49
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC.

VS 150 BALTIMORE - 13, MARYLAND 48C

G74493 ✓ G74493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edna M. Forbes Davis

2. DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 329 W. Hoffman St. 11-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Married	Feb. 26, 1901	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U. S. A.

13. FATHER'S NAME: Edward Forbes

14. MOTHER'S MAIDEN NAME: Hattie Neil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT: Mr. Joseph Davis ADDRESS: 1203 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension & Arteriosclerosis — 6 yrs.

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec., 1948, *to* May 17, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 12:55 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
James P Carr, M. D.	1427 Madison Ave	5.15.49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-21-49	Arbutus Mem. Park	Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 19 1949	Washington Williams, M.D.	Mrs. Frances A. Hemsley 578 W. Biddle

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BIRTH NO. G74494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

EBIV-9 G74494 Registered No.

1. NAME OF DECEASED (Type or Print): FRANCIS K CHRISTIE — N-803-2

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1315 Dellarcy Way

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	MARRIED	JAN 6, 1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CALIFORNIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. HELEN CHRISTIE ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Contusion of brain

DUE TO

(B) Intracranial hemorrhage

DUE TO

(C) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): sidewalk Found: S.E. corner Dundalk & O'Donnell St
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: 5 16 49 12 a.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto ~~Unknown~~ ~~Found unconscious on sidewalk~~

26/6

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* probable, *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5/21/49	SCHWARTZ'S CEM.	BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1948
REGISTRAR'S SIGNATURE: [illegible], M.D.
25. FUNERAL DIRECTOR: Roland L. Fisher ADDRESS: DUNDALK, MD.

VS 151

170C

Please write the cause of death clearly and legibly. Physician's signature is especially important.

CERTIFICATE CORRECTED 5-23-49

G74495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74495

BIRTH NO. 16 Registered No.

1. NAME OF DECEASED (Type or Print) HENRY KOCH

2. DATE OF DEATH 5-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL OF BALTIMORE, INC.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2441 E. Hoffman 1-3

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 13, 1889

9. AGE (If under 1 year, last Birthday) 59 If under 1 year: Months Days If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work, even if retired) Painter

B. KIND OF BUSINESS OR INDUSTRY Own Account

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Henry Koch

14. MOTHER'S MAIDEN NAME Elizabeth Gibney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Roland Vogel ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF LUNG WITH METASTASES.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18, 1949, *to* 5-18, 1949, *that I last saw the deceased alive on* 5-17, 1949, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE Barnett Berman M. D.

23B. ADDRESS Sinai Hospital

23C. DATE SIGNED 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/20/49

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem

24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1949

REGISTRAR'S SIGNATURE Timothy Williams, M.D.

25. FUNERAL DIRECTOR Roland L. Fisher ADDRESS Dundalk, Md

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47D

CERTIFICATE CORRECTED

CERTIFICATE CORRECTED

574496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74496

BIRTH NO. 58 Registered No.

1. NAME OF DECEASED (Type or Print): Carrie Fogle

2. DATE OF DEATH: May 18 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Catonsville

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 581 Frederick ave.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	6/21/1869	79 8080		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	housewife	Maryland	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Franklin	Clarkatina Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
/		Mrs Nellie Jones

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary thrombosis — 3 wks

DUE TO

(C) Acute Cholecystitis, — 3-4 wks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 26, 1949 *to* May 18, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 12 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robert C. Hunter M.D. M. D.	University Hospital	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Taylorsville M.E. Ch.	Taylorsville, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Registrar Baltimore, Md	Edw. L. MacNabb	Catonsville 28

VS 150

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G74497

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74497

Registered No.

1. NAME OF DECEASED (Type or Print) William James Kelly

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland So. Balto. General Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville 28
D. STREET ADDRESS (If rural, give location) 117 Oakdale Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Nov. 28, 1874	74 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engr. Printing Co.

10B. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Huntsville, Ala.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jr. Kelly

14. MOTHER'S MAIDEN NAME: Ella Brown Pelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO. 212-09-9507

17. INFORMANT: Son - William D. Kelly ADDRESS: Catonsville Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Pylorus of stomach — INTERVAL BETWEEN ONSET AND DEATH: 12 Mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) Surgical shock — 5 hrs.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 5-18-49

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 3, 1949 to May 18, 1949, that I last saw the deceased alive on 5-18, 1949 and that death occurred at 4:17 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Dwight M. Currie, M.D.

23B. ADDRESS: 11 E. Chase St. Balto 2 Md

23C. DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/21/49

24C. NAME OF CEMETERY OR CREMATORY: London Park

24D. LOCATION (City, Town, or County) (State): Balto. City

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Edw. J. MacNabb ADDRESS: Catonsville 28

VS 150

463

G74498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

Registered No. G74498

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARRIE PORTER

2. DATE OF DEATH: MAY 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 705 Vine Street 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
female	colored	husband	3-4-1902	47				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		South Carolina	U.S.A.

13. FATHER'S NAME: Oliver ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: William Porter ADDRESS: 705 Vine St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	5-20-49	W. F. Auburn Cem.	Balto.	Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: Mrs Kate R. Williams ADDRESS: 322 N Edmondson Ave

VS 151

83a

correct age is especia important. Physician please write the cause of death clearly and legibly.

G74499

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74499

Registered No.

1. NAME OF DECEASED (Type or Print): Amy Young

2. DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D STREET ADDRESS (If rural, give location): 1103 N. Wolfe St. 8-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Female	Colored	Married	December 22, 1901	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook		Roanoke, Virginia	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Thomas Young	1103 Wolfe St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic aortitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute pulmonary edema

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C. DATE SIGNED
Geo. G. Merrill M.D.		May 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-20-49	Mt. Auburn Cem.	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Registrar for Williams, M.D.	Katie Williams	922 N. Schroeder St.

VS 151

30D

Please write the cause of death clearly and legibly. Physician's signature is especially important. Please correct age in case of infants.

G74500 99895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

0 V S

G74500 Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. Physician please write the cause of death clearly and legibly. Important. Correct age is especially important.

1. NAME OF DECEASED (Type or Print): Elmer Taylor

2. DATE OF DEATH: 5-13-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1023 Peach ST. 22-1

5. SEX: M
6. COLOR or RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ? Single
8. DATE OF BIRTH: July 22, 1913
9. AGE (In years last birthday): 35 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bronchopneumonia.	1 Week
	ANTECEDENT CAUSES	DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
		(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Meningo-Vascular Syphilis.	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 19 46, *to* May 13, 19 49, *that I last saw the deceased alive on* May 13, 19 49, *and that death occurred at* 11.20 m., PM *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: May, 17-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-19-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

30C

G74501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74501

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JEROME BLACKBURN

2. DATE OF DEATH 5/16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2438 Annapolis Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt Winans

C. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2438 Annapolis Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Divorced	Oct 10, 1907	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Balto, Md	U.S.A.

13. FATHER'S NAME Henry Blackburn

14. MOTHER'S MAIDEN NAME Jennie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unless unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Jessie Simms	2438 Annapolis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary T-B — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 10 1948 *to* May 16 1949 *that I last saw the deceased alive on* 5/14 1949 *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jno H Hawkins M. D.	450 W. Biddle St	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-19-49	Mt Auburn Cem	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, MD	Mrs Kate R Williams	322 N Schroeder St

VS 150

1313

G74502

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74502

1. NAME OF DECEASED (Type or Print) ANNA C. ELLIOTT

2. DATE OF DEATH 5/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3714 Northern Parkway

c. Length of stay in Baltimore life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City
D. STREET ADDRESS (If rural, give location) 3714 Northern Parkway 27-5

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Feb. 21st, 1905

9. AGE (In years last birthday) 44 (If under 1 Year: Months 2, Days 27; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Hill

14. MOTHER'S MAIDEN NAME Amelia Sack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mr. William L. Elliott, Jr. ADDRESS 3714 Northern Parkway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinomia — INTERVAL BETWEEN ONSET AND DEATH 15 mos.

DUE TO

(B) Carcinoma of the cervix — 5 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 1949 *to* May 18, 1949, *that I last saw the deceased alive on* May 17, 1949 *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Adam Stevens M. D.

23B ADDRESS 6232 Belair Rd

23C DATE SIGNED May 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE 5/21/49

24C. NAME OF CEMETERY OR CREMATORY Parkwood

24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1949

REGISTRAR'S SIGNATURE Thurlington Williams, M.D.

25 FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

48a

PLEASE WRITE PLAINLY, with ... Write the cause of death clearly and correct age is especially important. Physician: please write

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.1 G74503 Registered No.

574503 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wm. Gibson

2. DATE OF DEATH 5-17-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chase

c. Length of stay in Baltimore 1 Days

D. STREET ADDRESS (If rural, give location) Eastern Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M.	W.	Married	2/12/895	54	3			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10B. KIND OF BUSINESS OR INDUSTRY Penn RR.

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James F. Gibson

14. MOTHER'S MAIDEN NAME Kate Drayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO 717-07-5458

17. INFORMANT Mrs. V.A. Gibson ADDRESS Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

(B) Art. Sclerotic C.V. disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16-49, 19..., *to* 5-17-49, 19..., *that I last saw the deceased alive on* 5-17, 1949 *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23A. SIGNATURE B.F. Grandstaff M. D. | 23B. ADDRESS West. Baltimore Gen. Hosp. | 23C. DATE SIGNED 5-17-49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial | 24B. DATE 5/21/49 | 24C. NAME OF CEMETERY OR CREMATORY Ebenezer Methodist | 24D. LOCATION (City, town or county) Ebenezer Road (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1949 | REGISTRAR'S SIGNATURE Tennington Williams M.D. | 25 FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd

93D

VS 150

PLEASE WRITE PLAINLY, with ink. Cross (X) the cause of death clearly and correctly. Physician: please write the correct age is especially important.

G74504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-13

Registered No. G74504

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE ADDISON GLOVER

2. DATE OF DEATH: May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 729 Linnard St.
c. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 729 Linnard St. 11-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	Feb. 21, 1887	62 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	National Distillers	Cambridge, Md.	

13. FATHER'S NAME: James George Glover

14. MOTHER'S MAIDEN NAME: Amelia Rhea

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
yes	World War #1		Mr. George A. Glover	729 Linnard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive & Arterio-Sclerotic Cardio vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2+ yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/15, 1949 *to* 5/17, 1949 *that I last saw the deceased alive on* 5/17, 1949, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 3629 Edmondson Ave

23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, MD	WILLIAM J. TICKNER & SONS	Balto., Md.

92D

PLEASE WRITE PLAINLY, with ink. Physician: please write the cause of death clearly and correct age is especially important.

G74505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 81.4 G74505

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William C. White — N-861.2

2. DATE OF DEATH May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Franklin Square Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 15 North Carey Street 18-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	single	Feb. 14, 1911	38 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--		Camden, N. J.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William C. White	Isabelle Barbour

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Mrs. Sarah A. Hutson	610 Hatherleigh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of liver, with massive hemorrhage into abdominal cavity.

DUE TO

(B) Fractured ribs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Public place	Baltimore & Calhoun St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 17, 1949, 10 p.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Pedestrian Struck by automobile.

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George G. Merrill M.D.		May 18, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 20, 1949	Baltimore Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Kenneth Williams, MD	WM. J. TICKNER & SONS	Balto., Md.

VS 151

170 C

Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.

G74506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74506

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Richard Harrison

2. DATE OF DEATH: May 16. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 Madison ave
Ba-Wil-Ba Convalescent Home
C. Length of stay in Baltimore: 4 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Prince George
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Mitchellville
D. STREET ADDRESS (If rural, give location): Prince George County and

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed	8/30/1880	68	4 / 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prince George md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Turman Harrison
14. MOTHER'S MAIDEN NAME: Emily Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ella H. Ashby ADDRESS N V C

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Cardia Vascular.
DUE TO
(B) Renal Disease - Hypertension
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12-, 1949 *to* 5-15-, 1949 *that I last saw the deceased alive on* 5-15-, 1949, *and that death occurred at* 1:45A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 600 Madison ave.
23C. DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/20/1949
24C. NAME OF CEMETERY OR CREMATORY: Carroll Chapel
24D. LOCATION (City, town, or county) (State): Prince George County and

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: [signature] Mitchellville, Md.
25. FUNERAL DIRECTOR: Joseph A. Lucky ADDRESS: 6619 W Barnett

VS 150

131a

G74507

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74507

Registered No.

1. NAME OF DECEASED (Type or Print) MARY Ellen RAINEY or Ramey

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital 2711 Caroy

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1134 Whetcoat st. 16-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Negro		July 6, 1873	75 76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Virginia	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT Good Samaritan Hosp. ADDRESS 2711 Caroy st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardio Renal Decompensation — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 12, 19 49 *to* May 18, 19 49, *that I last saw the deceased alive on* May 12, 1949, *and that death occurred at* 4:30 a m., *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. R. Johnson M. D.	403 Medart Bldg	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21, 1949	Mt. Auburn	Westport, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 19 1949	Huntington Williams, M.D.	Joseph L. Russ	1200 McCulloh St., Balto.

VS 150

131a

Please write the cause of death in English and without abbreviations. Physician: please write the cause of death in English and without abbreviations. Physician: please write the cause of death in English and without abbreviations. Physician:

G74508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74508

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Mr. Ignatius Teclaw

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: 45yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1249 S. Decker Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	12/ /84	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Poland	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Carcinoma

DUE TO

(B) Carcinoma G. I. Tract

DUE TO

(C) Complete

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/3/ , 1949 *to* 5/18/ , 1949, *that I last saw the deceased alive on* 5/18/ , 19 49 *and that death occurred at* 9:45 AM., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William P. Rogers M.D.	1400 N. Caroline Street	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21 1949	St. Stanislaus	Dundalk Ave Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 18 1949	Curtis Williams, M.D.	John J. Duda	2829 Hudson St.

PLEASE WRITE PLAINLY with pencil or pen. Physician: please write the cause of death clearly and correct age is especially important.

465

74509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74509

BIRTH NO

1. NAME OF DECEASED (Type or Print) Joseph Goldsmith

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY Charles
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pomonkeyville
D. STREET ADDRESS (If rural, give location)

5. SEX Male
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Child
8. DATE OF BIRTH 8-28-47
9. AGE (In years last birthday) 1
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Goldsmith
14. MOTHER'S MAIDEN NAME Ruth Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) anuria.
DUE TO
(B) ? fibrous basis of vesical area.
DUE TO
(C) congenital spasticity generalized.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
mental defective.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9 1949 to 5-18 1949 *that I last saw the deceased alive on* 5-18 1949, *and that death occurred at* 6:05 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 21st 49
24C. NAME OF CEMETERY OR CREMATORY St Ignatius
24D. LOCATION (City, town, or county) (State) Bel Alton Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1949
REGISTRAR'S SIGNATURE [signature] Washington Williams, MD
25. FUNERAL DIRECTOR Hunt & Rayne
ADDRESS Waldorf, Md

VS 150

8"/E

PLEASE WRITE PLAINLY. Physician: please write the cause of death in the medical certification section. Exact age is especially important.

G74510

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17° Registered No. G74510

1. NAME OF DECEASED (Type or Print) EMMA J. VENEY

2. DATE OF DEATH May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

C. Length of stay in Baltimore 4 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1317 Orleans St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
female	colored	Widow	7/15/1895	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Richmond Co. Va.	U.S.A.

13. FATHER'S NAME: George Veney

14. MOTHER'S MAIDEN NAME: Annie Veney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Norman Veney ADDRESS: 402 Pine St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of breast
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE George L. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/1949	Mt. Calvery Cem.	Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly Ave.

VS 151

50

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74511 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Virginia McCloud

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Marburg 3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
D STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	Widowed	6-17-02	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Indiana	

13. FATHER'S NAME: Frank Cosner

14. MOTHER'S MAIDEN NAME: Effie Dell McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Carcinoma of the ovary	1 year
DUE TO (B)		
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4/6 *to* 5/18, 1949, *that I last saw the deceased alive on* 5/18, 1949, *and that death occurred at* 10:35 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John C. Wilmer M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 19 1949	Bedford	Indiana

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Harry H Wetzke — ADDRESS: 49a 1161 Edmondson Ave

VS 150

PLEASE WRITE PLAINLY with pencil or pen: please write the cause of death entirely and correct age is especially important. Physician:

G74512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74512 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Columbus Orr

2. DATE OF DEATH: MAY 19 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 14 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2540 N. Calvert St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-8-92
9. AGE (In years last birthday): 56
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer. Contractor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Orr
14. MOTHER'S MAIDEN NAME: Flora Granade
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infectious hepatitis, — 20 days

DUE TO

(B) ? Blood transfusion — 80 days

DUE TO

(C) Carcinoma of unknown origin

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7- 1949 *to* 5-19 1949, *that I last saw the deceased alive on* 5-19 1949, *and that death occurred at* 6:12 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Winternitz M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: May 19, 1949
24C. NAME OF CEMETERY OR CREMATORY: Bethel Church
24D. LOCATION (City, town, or county) (State): Ft. Valley Ga. Georgia

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Evelyn Williams M.D.
25. FUNERAL DIRECTOR: Hines & Lanham Hearse ADDRESS: Baltimore

VS 150

55E

PLEASE WRITE PLAINLY. Physician: please write the cause of death clearly and correctly. Be sure the cause of death is especially important. Physician: please write the cause of death clearly and correctly. Be sure the cause of death is especially important.

G74513
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Apr 1 G74513 Registered No.

1. NAME OF DECEASED (Type or Print): UPTON SHIPLEY MEYERS

2. DATE OF DEATH: 19 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2833 Woodbrook Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2833 Woodbrook Ave. 12 6 4

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1876
9. AGE (In years last birthday): 70 yrs. If under 1 Year: Months Days. If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith - retired
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Fire Dept.
11. BIRTHPLACE (State or foreign country): Ellicott City, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Meyers
14. MOTHER'S MAIDEN NAME: Rachel Gosnell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO: no
17. INFORMANT: Mrs. Grace L. Meyers ADDRESS: 2833 Woodbrook Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Wm. H. Kammer 3d, M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 19 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/23/49
24C. NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Tuttington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 151

PLEASE WRITE PLAINLY with pen and ink: please write the cause of death clearly and fully. Physician: please write the exact age if especially important.

94a

G74514

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Reg. No. G74514

1. NAME OF DECEASED (Type or Print): ALICE RHODA FALLON

2. DATE OF DEATH: 5/18/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore: Yrs. — Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALT. CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 18
D. STREET ADDRESS (If rural, give location): 3312 N. CALVERT ST.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4/23/77
9. AGE (In years last birthday): 72 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): TORONTO, CANADA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES R. ARMSTRONG
14. MOTHER'S MAIDEN NAME: ELIZABETH FAWCETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —
17. INFORMANT: UNION MEMORIAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: several days
DUE TO
(B) Coronary Occlusion — 1 month
DUE TO
(C) Hypertensive Cardiovascular Disease — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20/49, 19__, *to* 5/18/49, 19__, *that I last saw the deceased alive on* 5/18/49, 19__, *and that death occurred at* 6:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Smith, Jr. M. D.
23B ADDRESS: Union Memorial Hospital Balto. Md.
23C DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/21/49
24C NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 19 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

93D

Please write the cause of death in terms of disease and not in terms of mode of dying, such as heart failure, asphyxia, anemia, or uremia. Please write clearly with ink. Be sure that the information is complete and correct. Age is especially important. Physician: please sign certificate.

G74515

BALTIMORE CITY HEALTH DEPARTMENT 181 Registered No. G74515

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2712 Beethoven Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 62yrs 5mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Beethoven Ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR EDWARD ROBERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6019

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Alverta Rebecca

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr) Dec. 21, 1886

8. AGE: Years 62 | Months 4 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business None

FATHER
12. Name John W. Roberson
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Derr
15. Birthplace Md.

16 (a) Informant Mrs Alverta R. Roberson
(b) Address 2712 Beethoven Ave, Balto. 7

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/23/49 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 19 1949 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1949, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1947 to May 1949 and that I last saw him alive on May 19 1949

Immediate cause of death	Duration
Respiratory Failure	
Due to Circulatory Failure	36 hours
Due to Carcinoma of Bladder	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 25 1949

Major findings of operation: Infiltrating Carcinoma of Bladder

Of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Millard T. Tralad Jr M.D.
Address 3400 Woodvale Rd. 7 **Date signed** 5/19/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not use ditto marks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

52 R

BRENT

74516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74516

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Louise Brent

2. DATE OF DEATH 5-19-99

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 352 E. 31st St.

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 3-6-81

9. AGE (In years last birthday) 68

If Under 1 Year: Months, Days

If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Heck

14. MOTHER'S MAIDEN NAME Catherine Bauer?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Dr. Francis J. Cattin ADDRESS Union Mem. Hospital

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hemorrhage from nose of brain unspecified	
ANTECEDENT CAUSES	DUE TO (B) Arteriosclerotic heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) Hypertension Cardiovascular disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18-99 *to* 5-19-99 *that I last saw the deceased alive on* 5-19-99, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Francis J. Cattin M. D.

23B. ADDRESS Union Memorial Hosp.

23C. DATE SIGNED 5-19-99

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/25/99

24C. NAME OF CEMETERY OR CREMATORY Maryland Park

24D. LOCATION (City, town, or county) (State) Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1999

REGISTRAR'S SIGNATURE Lucretia Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

93D

Please write this carefully. Physician: please write this carefully. It is important. Physician: please write this carefully. Correct age is especially important.

074517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. 074517

1. NAME OF DECEASED (Type or Print): ANNA SCHAIDT

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 811 S. Bowen St. Dallas

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	5/23/1893	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	At Home	Balto. Md.	

13. FATHER'S NAME: Adolph Grittner

14. MOTHER'S MAIDEN NAME: Caroline Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	Unk	Chas. Zimmerman	3547 Cornwall st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *(Autopsy, inspection or inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
George G. Merrill M.D		May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Oak Lawn	Eastern Ave Grnd Rd

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, M.D.	Wm Cookman & Son	St. Paul st.

VS 151

93D

74518 — G74518

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 Registered No.

1. NAME OF DECEASED (Type or Print): William Edward Ziegler

2. DATE OF DEATH: 5/18/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2683 St. Benedict

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2683 St. Benedict

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	11/3/1878	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	W. E. Crook Co	Balto Md	

13. FATHER'S NAME: Frederick Ziegler

14. MOTHER'S MAIDEN NAME: Mary Sweet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		219 07 0564	Wm. Ziegler 2683 St. Benedict

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 11 mos.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) —
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1948	Carcinoma rectum	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1948 *to* May 18, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Morris B. Schreiber M. D.	544 S. Fulton Ave	5-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Mt. Lebanon	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	[illegible]	[illegible]

VS 150

46 D

Correct age is especial important. Physician please write

AB-74931

4519

BIRTH NO.

519.0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74519

Registered No.

1. NAME OF DECEASED (Type or Print): Edith Powell

2. DATE OF DEATH: May 19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 64 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1414 Eutaw Place

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Married	Feb. 22-1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME: Joseph Bird

14 MOTHER'S MAIDEN NAME: Judith Eubank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT: Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

(Physician please write plainly. Coverage is especial important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Obliterative pleuritis bilaterally

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute peptic ulceration with bleeding — 12hrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-26- , 19 42, *to* 5-19- , 19 49, *that I last saw the deceased alive on* 5-19- , 19 49, *and that death occurred at* 1.50P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
M. D	Baltimore City Hospitals	May 19-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/23/49	Mahons Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Evelyn Williams, M.D.	Wilson & Son Inc	1217 E Pratt St

VS 150

117a

G74520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74520

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Howard L. Jones

2 DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 Webb Court

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1101 Webb Court

5. SEX	6. COLOR or RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min
male	white	married	July 12, 1873	75	0	6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Maryland	

13. FATHER'S NAME: John W. Jones

14 MOTHER'S MAIDEN NAME: Susan Tydings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
		[illegible]	Mrs. Mary Jones	1101 Webb Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO (B) Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/3 ,19 49, to 5/19 ,19 49, *that I last saw the deceased alive on* 5/18 19 49 *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Joseph S. Blum M.D.	1115 N. Calvert St.	5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
burial	5/21/49	Druid Ridge Cemetery	Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949 — [illegible], M.D.

25 FUNERAL DIRECTOR: [illegible] Sons, Inc. — ADDRESS: 1217 St. Paul Street

VS 150

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G74521

BALTIMORE CITY HEALTH DEPARTMENT 334 G74521

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Fannie Jacobson

2. DATE OF DEATH: May 18/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunday Sanitarium - Hebrew

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: 60 Yrs. Many years Mos. Days

D. STREET ADDRESS (If rural, give location): 200 So Chester St 2 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
F	W	Widow	1871	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis Jacobson

14. MOTHER'S MAIDEN NAME: Idna Jampolsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Son Harry Jacobson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Arterial Sclerosis and Hypertension — 3 years

DUE TO

(C) Age

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2-3, 1949, *to* May 18th, 1949, *that I last saw the deceased alive on* May 18, 1949 *and that death occurred at* 5.40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Reuben S. Gundry M. D.	5002 Frederick Rd Baltimore	5-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-20-49	Hebrew Mt Carmel	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Thurston Williams, M.D.	Jack Lewis Inc	2100 Eastern Ave

VS 150

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21525 Hospital Hyposade 3.C. Hyposade 274522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 274522

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Girl Landa

2. DATE OF DEATH: Apr-15, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1529 Mc Culloh Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Single	April 14, 1949	-	- -	18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Baltimore, Md.	

13. FATHER'S NAME: Claude Walker

14. MOTHER'S MAIDEN NAME: Ruth Thurman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-	-	-		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO ? cerebral injury . ? atelectasis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hoop Pet[illegible]	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	[illegible] for Williams, M.D.		

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G74523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74523 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS L. PEARCE

2. DATE OF DEATH May 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ardley Nursing Home

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 3605 Clipper Rd. 12 8

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH April 23, 1876
9. AGE (In years last birthday) 73
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leaving Watchman
10B. KIND OF BUSINESS OR INDUSTRY Ba. & O. R.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Pearce
14. MOTHER'S MAIDEN NAME Mary E. Waters
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO —
17. INFORMANT James W. Pearce ADDRESS 3630 Parkdale Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C. V. Dis. — INTERVAL BETWEEN ONSET AND DEATH 4-5 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* May 17, 1949 *that I last saw the deceased alive on* May 16, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward L. Grossman M. D.
23B. ADDRESS 4037 Edmondson Rd.
23C. DATE SIGNED 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 20 1949
24C. NAME OF CEMETERY OR CREMATORY St Marys
24D. LOCATION (City, town, or county) (State) Hampden.

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949
REGISTRAR'S SIGNATURE Twilington Williams, M.D.
25. FUNERAL DIRECTOR Paul C. Schwaner ADDRESS 3651 Clipper Rd.

VS 150

937

G74524

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74524

1. NAME OF DECEASED (Type or Print): Jeanette Hanburger Gump

2. DATE OF DEATH: May 18 th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3606 Clarinth Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

c. Length of stay in Baltimore: 75 Yrs. (Yrs. / Mon. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 3606 Clarmth Rd.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 3606 Clarinth Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Widow	Oct. 19 th 1873	75	6	29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore Md.	75 Yrs.

13. FATHER'S NAME: Abraham Lewis Hamburger

14. MOTHER'S MAIDEN NAME: Rosa Hamburger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	Mrs Etta G. Ketzky	3606 Clarinth Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage; hemiplegia, left — 8 days.
DUE TO Arteriosclerosis. — 4 years.
(B) Chronic nephritis — 4 years.
DUE TO Uremia — 2 days.
(C) Diabetes Mellitus — 21 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from [illegible], 1945, to 18 May, 1949 that I last saw the deceased alive on 18 May, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jean L. Hamburger Jr. M. D.	1209 Eutaw Place	19 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	May 20/1949	Ohel Shalom	6130 O'Donnell St	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	David Sondheim & Son	1900 Eutaw

VS 150

61

Cwiek

G74525 — BALTIMORE CITY HEALTH DEPARTMENT — G74525

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert R. Cwiek

2. DATE OF DEATH: May 19-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 642 S. Linwood ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Md — b. COUNTY — 642 S. Linwood ave

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 642 S. LINWOOD AVE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto, 1-0

c. Length of stay in Baltimore: LIFE (Yrs. / Mon. / Days)

d. STREET ADDRESS (If rural, give location): 642 S. Linwood ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: aug 12-1932

9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank Cwiek

14. MOTHER'S MAIDEN NAME: Bertha Jaromin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Bertha Cwiek — ADDRESS: 642 S. Linwood ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SUBACUTE BACTERIAL ENDOCARDITIS — DUE TO

(B) RHEUMATIC CARDIAC DISEASE — DUE TO

(C) RHEUMATIC FEVER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1949 *to* May 19, 1949 *that I last saw the deceased alive on* May 19, 1949, *and that death occurred at* 5 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry J. Houska M.D.

23B. ADDRESS: 333 S. East Ave.

23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 23 - 49

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary

24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949

REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. S. Fialkowski — ADDRESS: 2007 Eastern Ave

VS 15Q

58B

Collect age is especial important. Physician please write

G74526

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74526

1. NAME OF DECEASED (Type or Print): Frank Dorsey

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1105 Madison Ave.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1105 Madison Ave. 11-64

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If Under 1 Year: Months Days	If Under 24 Hours: Hours - Min.
Male	Colored	Married	Feb. 17, 1868	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U. S. A.

13. FATHER'S NAME: Noah Dorsey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Rosa Dorsey	1105 Madison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1949, to May 18, 1949 *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 11-4 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. Garland Obrecht M. D.	1534 Druid Hill Ave	May 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-22-49	West Liberty Cem	Howard Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	[illegible]	Mrs. Frances A. Hemsley	578 W. Biddle

VS 150

83a

G74527

M M. 128990

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74527

Registered No.

1. NAME OF DECEASED (Type or Print) Josephine, Lee.

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern ave.

c. Length of stay in Baltimore 27 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.
D. STREET ADDRESS (If rural, give location) 238 N. Pearl St. 4 27

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 28, 1896
9. AGE (In years last birthday) 52 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Everett
14. MOTHER'S MAIDEN NAME Lula Pugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT B. C. H. Record's, ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

Physician: please write plainly. It is especially important that correct age is entered.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] No [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15. , 1949 *to* May 18 , 1949, *that I last saw the deceased alive on* May 18 , 1949 , *and that death occurred at* 8.40 am. *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.
23B. ADDRESS 4940 Eastern Ave.
23C. DATE SIGNED 5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5-23-49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR Mrs. Frances A. Hensley
ADDRESS 578 W Fayette St

VS 150

93D

G74528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 ✓ Registered No. G74528

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lora T Jones

2. DATE OF DEATH: 5/19 - 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2130 D.K.G.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md
D. STREET ADDRESS (If rural, give location): 2130 Druid Hill Ave 14-03

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH
9. AGE (In years last birthday): 63 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2130 Druid Hill Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jefferson Thompson
14. MOTHER'S MAIDEN NAME: Cecilia Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
SOCIAL SECURITY NO.
17. INFORMANT: Walter W. Jones ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chr. Nephritis
DUE TO
(B) Uremia
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/15 - 49, *to* 5/19 - 49, *that I last saw the deceased alive on* 5/19 49, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: B W Ruth for M. D.
23B. ADDRESS: 2139 W D K G
23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-22-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Thurston Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Frances A Hemsley W. Biddle
ADDRESS 578

131B

G74529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1701 G74529

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Amati

2. DATE OF DEATH: May 18. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1114 Brentwood Ave,

C. Length of stay in Baltimore: 40yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1114 Brentwood Ave., 12-04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Mar. 27, 1872	77	1 / 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Finisher	Contract work	Italy	U.S.A.

13. FATHER'S NAME: Grafalo Amati

14. MOTHER'S MAIDEN NAME: Not Kown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-03-4195	Mrs Jennie Amati	1114 Brentwood Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO: Coronary artery Disease — ?

(C) Arterio Sclerosis — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Intermittant Claudication — 4 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 11, 1949 *to* May 18, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 9:35A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
S. Silverfield M. D.	714 E. Preston St.	May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-21-1949	Most Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Thurlington Williams, MD	Elmer W. Conklin	924 E. Eager St.

Correct age is especially important. Physician: please write clearly.

94a

74530 ✓ e-74530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Domneys 76-5 — 2. DATE OF DEATH April 4 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1900 Linwood St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U. H.

c. Length of stay in Baltimore Yrs. Mos. Days 14 - 2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	N	Newborn	April 3 1949			16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Purnell Corinthian Domneys — 14. MOTHER'S MAIDEN NAME France Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis
DUE TO
(B) Prematurity (26 wks)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3 , 1949 *to* 4-4 , 1949, *that I last saw the deceased alive on* 4-4 , 1949 *and that death occurred at* 10-0 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Ben Bond M. D. — 23B. ADDRESS Union Hosp. — 23C. DATE SIGNED 5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) — 24B. DATE — 24C. NAME OF CEMETERY OR CREMATORY Herr Dieterich — 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 5/20/49 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 25. FUNERAL DIRECTOR — ADDRESS

VS 150

159

Correct age is especially important. Physician: please write

G74531 29003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74531 Registered No.

BIRTH NO B.C. 49-10162

1. NAME OF DECEASED (Type or Print): Colbert Baby Girl(Georgianna)

2. DATE OF DEATH: 5-16- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 322 Greenmount Ave.

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: May 15- 1949
9. AGE (In years last birthday) | If Under 1 Year: Months / Days: 1 | If Under 24 Hours: Hours / Min.: Day
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Morris Gary
14. MOTHER'S MAIDEN NAME: Georgianna Colbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [Yes] NO [ ]
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 15- , 1949 *to* 5- 16- , 1949, *that I last saw the deceased alive on* 5- 16- , 19 49, *and that death occurred at* 3.15 P., *from the causes and on the date stated above.*

23A. SIGNATURE: F. L. Rogers M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 5-17- 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 5-18-49
24C. NAME OF CEMETERY OR CREMATORY: B. C. H. Crematory
24D. LOCATION (City, town, or county) (State) ADDRESS: 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR

VS 150

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G74532 Hospital Proposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74532

BIRTH NO. B 49-08858

1. NAME OF DECEASED (Type or Print): Baby "Day" "Mary" Studley

2. DATE OF DEATH: MAY 0 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 11 C Linden Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored		5-4-49		4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME: ? Studley

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B) atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-4- 1949 *to* 5-8- 1949, *that I last saw the deceased alive on* 5-8- 1949 *and that death occurred at* 9:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W O'Neill M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Holy Sepulchre	—

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, MD		

VS 150

159

Correct age is especially important. Physician, please write the cause

G74533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

Registered No. G74533

BIRTH NO. 2.C.49-095-23

1. NAME OF DECEASED (Type or Print): Baby Girl Roundtree

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. 15 years Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1603 East Lombard Street

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: May 10, 1949
9. AGE (In years last birthday) / If Under 1 Year: Months Days / If Under 24 Hours: Hours 2 Min. 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or Foreign Country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Howard
14. MOTHER'S MAIDEN NAME: Ruth Roundtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ruth Roundtree ADDRESS: 1603 East Lombard Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* May 10, 1949 *that I last saw the deceased alive on* May 10, 1949 *and that death occurred at* 10:45 m. *from the causes and on the date stated above.*

23A. SIGNATURE: Glen G. Rice M.D.
23B. ADDRESS: 601 North Broadway
23C. DATE SIGNED: 5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, Town or County) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

159

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

(Hospital) Disposal

G74534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74534

BIRTH NO. B.C. 49-13030

1. NAME OF DECEASED (Type or Print): Baby Girl Jordan (Twin)

2. DATE OF DEATH: May 14, 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1043 N. Caroline St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	Negro					12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Jerome Cyprian

14. MOTHER'S MAIDEN NAME: Pensacola Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 14, 1949 to May 14, 1949 that I last saw the deceased alive on May 14, 1949, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Ryan, M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Holy Redeemer	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.		

VS 150

159

G74535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Reg. No. 4720.1 G74535

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MYRTLE LA-FAY FISCHER

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1609 E. Lanvale Street
c. Length of stay in Baltimore: 48 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1609 E. Lanvale Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
F	W	Married	Dec. 30, 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		North Carolina	USA

13. FATHER'S NAME: Martin L. Lippard

14. MOTHER'S MAIDEN NAME: Sarah Peebles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-22-8237	William H. Fischer - 1609 E. Lanvale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	2 hrs
DUE TO (B)	Hypertension	?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20, 1949 *to* 5/18, 1949 *that I last saw the deceased alive on* 5/17, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hubert J. Longanecker, M. D.	445 N Gay St	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Loudon Park Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC	BALTIMORE - 13, Md.

94a

Correct age is especially important. Physician: please write plainly.

G74536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74536

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN HARRY WINTER

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1639 Warwick Avenue
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1639 Warwick Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	W	Divorced	June 14, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Produce	Baltimore, Maryland	USA

13. FATHER'S NAME: John Winter

14. MOTHER'S MAIDEN NAME: Mary Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO: 217-16-8484

17. INFORMANT: Mrs. Matilda O'Connor, 1914 Sherwood Avenue - 18

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage & Heart — Interval between onset and death: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Chronic Nephritis — 5 yrs

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Uremia Poisoning — 10 yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 I hereby certify that I attended the deceased from Jan 27, 1947, to May 19, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
E. Gill Hall Md M.D.	1631 E. North Ave	May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/21/49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 20 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC

VS 150

BALTIMORE - 13, MARYLAND

937

Correct age is especial importance. Physician: please write the exact number of years.

G74537

BALTIMORE CITY HEALTH DEPARTMENT 43

CERTIFICATE OF DEATH

Registered No. G74537

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BARBARA MARY FRANKE

2 DATE OF DEATH May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
4206 Raspe Avenue

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4206 Raspe Avenue

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	Oct. 10, 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	USA

13. FATHER'S NAME: John Peska

14 MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	none	4203 Raspe Avenue - 6 Mr. John A. Franke, Sr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

DUE TO

(B) Chronic Hypertension Heart — July 1946

DUE TO

(C) Diabetes under Control Case

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* July 1946 *to* May 11, 1949 *that I last saw the deceased alive on* May 16, 1949 *and that death occurred at* 12:55 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
L. A. Meyerd M. D.	1520 E. 32nd St	May 20/1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/21/49	Parkwood Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 20 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC. BALTIMORE - 13, MD.

VS 150

92D

Correct age is especially important. Physician: please write

G74538 ✓ 150.0 G74538

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Gus Jerome

2. DATE OF DEATH: May 18 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2833 Elliott St.

c. Length of stay in Baltimore: 52 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2833 Elliott St.

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	white	Married	Oct 9 1876	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laborer		Poland	

13. FATHER'S NAME

14 MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Julia Jerome	2833 Elliott St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 9, 1948 *to* May 18, 1949 *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Eugene Zeller M. D.	2739 Eastern Ave	5/19/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 23/49	St. Stanislaus	Dundalk Ave Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, MD	John J. Duda	2829 Hudson St

VS 150

97

Correct age is especial importance. Physicians please write plainly.

G74539

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 1

G74539

Registered No.

1. NAME OF DECEASED (Type or Print) Anna M. Whitekite

2. DATE OF DEATH 5/17/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
138 S. Ann Street

C. Length of stay in Baltimore — Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland.
D. STREET ADDRESS (If rural, give location) 138 S. Ann Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F.	W.		2/4/85	64.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hill	Mary Krupa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Joseph Hill	3124 Cliftmont Ave

MEDICAL CERTIFICATION

Exact age is especially important. Physician: please write plainly.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1yr.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Carcinoma of the cervix — 2yr.
DUE TO
(C) —
DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT —

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* June, 1948, *to* May, 1949, *that I last saw the deceased alive on* 5-16, 1949, *and that death occurred at* 9:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edwin Moore M. D.	2106 Belair Rd	5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Oak Lawn	Eastern Ave. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, MD	Lilly & Zeiler, Inc.	403 S. Wolfe St.

VS 150

48a

G74540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74540

1. NAME OF DECEASED (Type or Print) CORA MAY EVANS

2. DATE OF DEATH May 14, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
823 West Mulberry Street 18 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	colored	widow	4-20-1892	57 52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Bryant

14. MOTHER'S MAIDEN NAME: Maggie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Hilda Demby — ADDRESS: 823 Mulberry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchiectasis.

DUE TO Arteriosclerosis!

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE George G. Merrill M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED May 16, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Mt. Auburn	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949

REGISTRAR'S SIGNATURE: Hunting for Williams, M.D.

25. FUNERAL DIRECTOR: Charles G. Cooper — ADDRESS: 572 Carrollton Ave.

VS 151

106B

Please write the cause of death clearly and legibly. Physician: please state correct age if especially important.

G74541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74541

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): ERNEST HAYWARD

2. DATE OF DEATH: May 10, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: 30yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1602 Pennsylvania Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	Separated	8/3/189[illegible]	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter		Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Haywood	Susie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	-	-	Lula Wilson	519 Hoffman St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Degeneration
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C DATE SIGNED
Carl L Kaya M.D.		May 11, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Mt. Auburn	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	Chas Hoffman & Edwards Co	939

VS 151

Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

G74542

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-1

Registered No. G74542

1. NAME OF DECEASED (Type or Print) WILLIAM RANDALL

2. DATE OF DEATH May 16, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1611 McCulloh Street

14-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	married	March 31, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Anne Arundel County	U. S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry	Annie Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Lula Randall	1611 McCulloh Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery disease

DUE TO
(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
George G. Merrill M.D.		May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Mt Lebanon	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	Geo Gorman	512 Cancelli Ave

94a

VS 151

Please write this entry very carefully. Physician: please see that correct age is especially important.

74543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-56

G74543 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET ELLA NORFOLK

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2930 Westwood Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2930 Westwood Ave. 1-56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	white	married	June 22, 1887	61 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Maryland	

13. FATHER'S NAME: Andrew Townsend

14. MOTHER'S MAIDEN NAME: Grace Mays

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Mr. Richard E. Norfolk	2930 Westwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Liver & gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

DUE TO

(B) Metastasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 11, 1948 *to* May 18, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ernest H Baker M. D.	1735 Poplar Gr St	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/20/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

46F

G74544 ✓ 54 G74544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) ERNESTIN RICE

2. DATE OF DEATH May 19 1949 - 2 15 PM

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mount Nursing Home
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mortonia Ave
c. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location) Mortonia ave 15-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow		63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Balto Md	

13. FATHER'S NAME Anderson

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Dr Louis Diener	C/o Irish Court Apts

MEDICAL CERTIFICATION

(Physician: please write correct age if especially important.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) General carcinomatosis — Interval between onset and death: 3 mos

DUE TO

(B) Carcinoma of rectum (Primary) — 1 year

DUE TO (Biopsy of liver - other cancer)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis — 3 yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NS		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 1949 *to* May 19, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J Frederick Lentz, M.D.	Temple Gardens	May 19-49

24A. BURIAL, CREMATION, REMOVAL	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[redacted]	Buried May 20/1949	Balto Hebrew	Belair Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, MD	David Sondheim Son	1912 Eutaw Place

VS 150

469

G74545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Nr. 1 G74545 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Cutler

2. DATE OF DEATH: 3/19/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2519 W Balto St
C. Length of stay in Baltimore: 43 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 20
D. STREET ADDRESS (If rural, give location): 2519 W. Balto St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married.	Sept. 27-1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter.
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City.
11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Cutler.
14. MOTHER'S MAIDEN NAME: Rebecca Hall.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO: 212-36-1849.
17. INFORMANT: Mrs. Alice E. Cutler, ADDRESS: 2519 W. Balto. St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C-V disease
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: P. C. Sulinski M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: May-23-49.
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery.
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Emerson Williams, M.D.
25. FUNERAL DIRECTOR: Charles J. Schwab. ADDRESS: 3512-Fred'k. Ave.

VS 151

93D

G74546

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74546

Registered No.

1. NAME OF DECEASED (Type or Print): JESSIE M.-MACLAUGHIN-HUDSON.

2. DATE OF DEATH: May-18-1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 2210 Annapolis Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: 32 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): 2310-Annapolis Road. 25-33

D. STREET ADDRESS (If rural, give location): Baltimore-Md.

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: Feb. 19-1881

9. AGE (In years last birthday) (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.): 68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House Wife

10B. KIND OF BUSINESS OR INDUSTRY: At home.

11. BIRTHPLACE (State or foreign country): Lisle-New York.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bradley Mus.

14. MOTHER'S MAIDEN NAME: Henerettia Cross.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Gladys Beach. ADDRESS: 2310 Annapolis Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — 3 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1st 1947 *to* May 18, 1949 *that I last saw the deceased alive on* May 18 1949 *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Hart Skate M. D.

23B. ADDRESS: 517 Scott St.

23C. DATE SIGNED: May 19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May-21-49.

24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery.

24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949

REGISTRAR'S SIGNATURE: Curtis Williams, M.D.

25. FUNERAL DIRECTOR: Charles J. Schwab. ADDRESS: 3512 Fred'k Ave.

VS 150

93D

GM. 128187

G74547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 Registered No.

BIRTH NO G74547

1. NAME OF DECEASED (Type or Print) Pearl Bellesky

2. DATE OF DEATH May 18- 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4940 Eastern Ave. Baltimore City Hospitals

c. Length of stay in Baltimore 35 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 1311 E. Pratt St Z 31

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 17 -1891

9. AGE (In years last birthday) 57 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Trush (D)

14. MOTHER'S MAIDEN NAME Ann ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized Carcinomatosis	About 2 Month
	DUE TO Carcinoma of the Head of the Pancreas	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Chronic Passive Congestion	

19A. DATE OF OPERATION 4- 21- 49

19B. MAJOR FINDINGS OF OPERATION Explanatory Laparotomy

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4- 11- 1949 *to* 5- 18- 1949, *that I last saw the deceased alive on* 5- 18- 1949, *and that death occurred at* 3.45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M.D.

23B. ADDRESS B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24B. DATE May. 21-1949

24C. NAME OF CEMETERY OR CREMATORY Holy Trinity Russian Orthodox Cem.

24D. LOCATION (City, town, or county) (State) Middle Branch Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR Wendell J. Lippel

ADDRESS

VS 150

463

G74548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17° Registered No. G74548

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna W. Naulty

2 DATE OF DEATH May 19th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5007 Embla Ave.

c. Length of stay in Baltimore 44 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore B COUNTY Maryland
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.
D STREET ADDRESS (If rural, give location) 5007 Embla Ave.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 year Months Days	If under 24 hours Hours Mins.
F.	W.	Widow	3/10/1867	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
At home		Balto Md.	

13. FATHER'S NAME Arnold Kleff

14 MOTHER'S MAIDEN NAME Gertrude Voshel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No	None	Robert Naulty	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of left breast — INTERVAL BETWEEN ONSET AND DEATH: 4½ yrs.

DUE TO

(B) Metastasis to Brain — 6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized Arteriosclerosis

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. , 1939 *to* May 19th , 1949 *that I last saw the deceased alive on* May 19 , 1949 *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
William R. Sinton M.D.	28 E. Pleasant St	May 20 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town or county) (State)
Burial	5/21/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	[illegible] for Williams, M.D.	Charles H. Evans & Son Inc.	118 W. Md. Royal Ave. 50

VS 150

G74549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 330

G74549 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Trojan

2. DATE OF DEATH 5/16/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10
D. STREET ADDRESS (If rural, give location) 266 S. Highland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	Wh	M	Jan 1 - 1905	44	4 17	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME McGonigle
14. MOTHER'S MAIDEN NAME Ritz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sanford Trojan Sr. ADDRESS above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorrhage
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/16/49	Nothing found	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/9 *, 1949, to* 5/18 *, 1949, that I last saw the deceased alive on* 5/18 *, 1949, and that death occurred at* 1:10 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maynard Owen, M.D. M.D.	Sinai Hospital	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21-49	Oak Lawn	Eastern Com. Rd. Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	Thos. G. Connelly	Essex Md.

83a

Do not age in capitals. Typewriter preferred. Physician please print plainly.

BIRTH NO. G74550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1 G74550

1. NAME OF DECEASED (Type or Print): JULIUS ZIMMERMAN

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Jose h's Hospital (d.o.a.)

c. Length of stay in Baltimore: Yrs. 9 Mos. Days 5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 807 Bonaparte Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Married	8/25/1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —
17. INFORMANT: Edward C. Zimmerman ADDRESS: 531 Bonaparte

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McCafferty M.D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C DATE SIGNED: 5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): 24B. DATE: 5/21/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Hunter Williams M.D.
25. FUNERAL DIRECTOR: Loring Byers ADDRESS: 5005 Park Heights Ave

VS 151

G74551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74551

BIRTH NO. G74551 B. C. G-73016

1. NAME OF DECEASED (Type or Print) Christine H. Doss — 4,994

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp.

c. Length of stay in Baltimore — Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2416 Forest Road

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.

8. DATE OF BIRTH March 2, 1947 | 9. AGE (In years last birthday) 2 | If Under 1 Year: Months 2, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Roger G. Doss.

14. MOTHER'S MAIDEN NAME Hazel E. Enos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO

17. INFORMANT Mr. Roger G. Doss ADDRESS 2416 Forest Road.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage

DUE TO

(B) Blood dyscrasia ? ? type 1) aplastic anemia or 2) leukemia, acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12 1949, to May 18 1949, *that I last saw the deceased alive on* 5/18/ 1949, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE David Jacobs M. D. | 23B ADDRESS Sinai Hospital | 23C DATE SIGNED May 19 '49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B DATE 5/21/49 | 24C NAME OF CEMETERY OR CREMATORY Woods Chapel | 24D LOCATION (City, town, or county) (State) Randallstown Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR Loring, Byers & Sos | ADDRESS 505 N. Mt. St.

74a

G74552 Whare ✓ 50.1 G74552

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 Registered No.

1. NAME OF DECEASED (Type or Print): Mayme Olcott Whare

2. DATE OF DEATH: 5/19/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 27-17
D. STREET ADDRESS (If rural, give location): 2121 W. Belvedere Ave #15

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3/9/86
9. AGE (In years last birthday): 63
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Oderbrick
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized peritonitis
DUE TO
(B) perforated appendix
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetic coma

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/18 1949 to 5/19, 1949 *that I last saw the deceased alive on* 5/19, 1949, *and that death occurred at* 11:45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles J. Black M.D.
23B. ADDRESS: Maryland General
23C. DATE SIGNED: 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/22/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR: Baltimore, Md.
25. FUNERAL DIRECTOR: Young Byers
ADDRESS: 500 Park Ave

VS 150

121

G74553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18

G74553 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lulu M. Sellers - Dix.

2. DATE OF DEATH 5-19-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3015 W. Belvedere Maryland General Hosp.

c. Length of stay in Baltimore Yrs. 7 Mos. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 3015 W. Belvedere Ave 7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F.	W.	M.	12-9-76	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Frederick Co. Md.	

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	Mr Edgar Sellers	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - Bladder - urinary — INTERVAL BETWEEN ONSET AND DEATH: 1949

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus — 1938

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1949	Carcinoma of Bladder - urinary	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* May 19, 1949, *that I last saw the deceased alive on* May 19, 1949, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nelson E. Lowman M. D.	4843 Park Heights Ave	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-23/49	Druid Ridge	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Thurlington Williams, M.D.	Loring Byers	905 Park Ave

52B

G74554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74554

BIRTH NO. B-49-10086 — Registered No.

1. NAME OF DECEASED (Type or Print): George Jay Alder

2. DATE OF DEATH: 5-19-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woman's Hospital

c. Length of stay in Baltimore: Yrs. — Mos. 4 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimor
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimor
D. STREET ADDRESS (If rural, give location): 5203 Beaufort Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	S.	5-16-49			4		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	State (Md.)	U.S.

13. FATHER'S NAME: Paul Eugene Alder

14. MOTHER'S MAIDEN NAME: Martha Geneva Crowther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	NO	—	Mother	5203 Beaufort Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Erythroblastosis Fetalis
DUE TO
(B) Rh Iso-Immunization
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 5-16, 1949, *to* 5-19, 1949, *that I last saw the deceased alive on* 5-19, 1949, *and that death occurred at* 6 40 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Vernon L. Keely M. D.	Woman's Hospital	5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Loudon Pk.	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams M.D.	Young Byers	500 N. Pk. Ave.

161C

G74555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89 Registered No. G74555

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmer Neubert

2. DATE OF DEATH: MAY 19 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Marys
D. STREET ADDRESS (If rural, give location) 335 Spruce St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 0 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	7-13-98	50 5 2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Neubert

14. MOTHER'S MAIDEN NAME: Theresa Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hemochromatosis

INTERVAL BETWEEN ONSET AND DEATH: 30 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18- , 1949 *to* 5-19 , 1949, *that I last saw the deceased alive on* 5-19 , 1949, *and that death occurred at* 11-P m., *from the causes and on the date stated above.*

23A. SIGNATURE: William W. Wiatenit M.D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 5-20-49

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State): St Marys, Penn.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: George B. Farley Sons and Hyatt ADDRESS

VS 150

66B

G74556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74556 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AVERY GORDY

2. DATE OF DEATH May 18, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hosp.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 16[illegible]4 Cereal Avenue 25-A

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	white	Married	November 24, 1901	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operater (plant)

10B. KIND OF BUSINESS OR INDUSTRY Davidson Chemical

11. BIRTHPLACE (State or foreign country) Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Ernst Gordy

14. MOTHER'S MAIDEN NAME Minnie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-07-0039

17. INFORMANT Mrs. Dorothy Erdman ADDRESS 1603 Spruce St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Artery Disease	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE MAY-21-1949

24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery

24D. LOCATION (City, town, or county) (State) A.A. Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949

REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR Flynn & Fleming ADDRESS 1426 Light St.

94a

VS 151

Correct age is especially important. Physician: please write the cause of death plainly.

G74557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 r 9.8 G74557 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK SHEARS N-990

2. DATE OF DEATH: May 18, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

C. Length of stay in Baltimore: all life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 30 North Caroline Street 3 0 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	colored		2-25-1939	10		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto. Md	U.S.A.

13. FATHER'S NAME: Walter Shears

14. MOTHER'S MAIDEN NAME: Alberta Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Alberta Shears	30 N. Caroline St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Drowning	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	harbor	Vicinity of East Falls and Eastern Aves.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5 18 49 1.20 P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Accidently fell into the harbor d/i

22 *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George L. Merrill M.D.		May 19, 1949

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-21-49	Mt Calvery Cem	Brooklyn, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Emerson for Williams, M.D.	Clarence O. Wilson	1000 Bank St

VS 151

183

correct age is especia important. Physicia please write the cause

74558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74558

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVELYN DINTERMAN

2. DATE OF DEATH: MAY 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA.
B. COUNTY: YORK
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): YORK
D. STREET ADDRESS (If rural, give location): 692 YORK ST.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 1, 1907
9. AGE (In years last birthday): 41 yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PHILIP BERGER
14. MOTHER'S MAIDEN NAME: ROSETTA DAYLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: BERNARD DINTERMAN — ADDRESS: YORK, PA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acoustic Neuroma, Rt — INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO
(B) Post operative Extradural Hemorrhage Posterior Fossa
DUE TO
(C) Post operative bleeding

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 17 May 49
19B. MAJOR FINDINGS OF OPERATION: Acoustic Neuroma Rt
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1949 to 20 May, 1949 that I last saw the deceased alive on 20 May, 1949 and that death occurred at 2.30 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Thos. A. Smith M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 20 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 5/20/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Rose Cemetery
24D. LOCATION (City, town, or county) (State): York, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 20 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

56D

G74559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74559

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha M. Schultz

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1010 South Clinton Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 1010 S. Clinton St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 1010 S. Clinton St. 21 11

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	Aug. 15, 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore	

13. FATHER'S NAME: Ferdinand Niedemeyer

14. MOTHER'S MAIDEN NAME: Doretta Eggers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Alfred M. Schultz Jr	1010 S. Clinton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	
DUE TO	Myocarditis.	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949 *to* May 19, 1949 *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward A. Flannigan M. D.	3503 Fait Ave	May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	Oak Lawn	Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Huntington Williams, M.D.	Clarence F. Hoffmann	1639 Broadway.

93E

G74560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74560

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **John P.George**	2. DATE OF DEATH **May 18,1949**
3. PLACE OF DEATH: A. **Baltimore City, Maryland 1534 Washington St**	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Md.** B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) **1534 N.Washington St.** 8 07

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	**white**	**married**	**Oct.2,1907**	**41**		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	**White Top Cab Co.**	**Baltimore**	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry H.E.George	**Margaret Kraft**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Ruth A.George 1534 Washington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	**Coronary Thrombosis**	**1 hour**
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	**Hypertension**	**1 year**
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* **5/14/49**, 19__, *to* **5/18/49**, 19__, *that I last saw the deceased alive on* **5/18/**, 19**49**, *and that death occurred at* **7:15 A** *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry B. Moss M.D.	**448 N. Luzerne Ave**	**5/19/49**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	**5/21/49**	**Baltimore**	**North Ave & Rose St.**

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 20 1949	**Huntington Williams, M.D.**	**Clarence F.Hoffmann 1639 Broadway.**

94a

G74561

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443

G74561

Registered No.

1. NAME OF DECEASED (Type or Print): Charles Barza

2. DATE OF DEATH: April 20 - 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1203 W. Fayette St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 15 Yrs. Years; Mos. Months; Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY
1203 W. Fayette St
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore Md.
D. STREET ADDRESS (If rural, give location)
18-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
M	W		Unknown	60				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease — 2 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 20, 1949 *to* April 20, 1949 *that I last saw the deceased alive on* April 20, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Glassman M. D.	2687 Wilkens Ave.	May 12 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)

BUREAU OF VITAL STATISTICS MAY 16 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Twila for Williams, M.D.	Commissioner of Health	

23A. SIGNATURE Henry Glassman M. D. | 23B. ADDRESS 2687 Wilkens Ave. | 23C. DATE SIGNED May 19 49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1949 | REGISTRAR'S SIGNATURE Huddington for Williams, M.D. | 25. FUNERAL DIRECTOR Commissioner of Health | ADDRESS

VS 150

935

G74562 | BALTIMORE CITY HEALTH DEPARTMENT | 7547 | G74562

BIRTH NO. | CERTIFICATE OF DEATH | Registered No.

1. NAME OF DECEASED (Type or Print) Antoinette Vassalluzzo | 2. DATE OF DEATH May 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Harriet Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 640 Rosalie St

7. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 7-8-48 | 9. AGE (In years last birthday) | If Under 1 Year: Months 10 Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Pa | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Pasquale Vassalluzzo | 14. MOTHER'S MAIDEN NAME Antoinette Pascerelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) congenital heart lesions.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/18 19 49 *to* 5/20 19 49, *that I last saw the deceased alive on* 5/20 19 49 *and that death occurred at* 7:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D. | 23B. ADDRESS JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24B. DATE 5/20/49 | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949 | REGISTRAR'S SIGNATURE Huddington for Williams, M.D. | 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. | ADDRESS 2601-3-5 E. Madison Street

VS 150

157E

G74563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74563

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CAROLINE Lewis

2. DATE OF DEATH May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norfolk
D. STREET ADDRESS (If rural, give location) 513 S. Branch Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Widowed Lewis	April 8, 1910	39		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housemaid		Warren Co Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gerald Fields	Alice Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mabel Jackson	1222 Penna Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic heart disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE
George G. Merrill M.D.		May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21, 1949	Portsmouth	Virginia Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, MD	Mrs Katie R. Williams Schwenger	322 N

VS 151

95B

CERTIFICATE CORRECTED 6-22-49 ✓ X 20.1

G74564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74564 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Julius Tata

2 DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ. Hosp. Green & Lombard St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Everett Pa
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everett Pa
D STREET ADDRESS (If rural, give location) Main St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	single	1887 ~~1892~~	62		

10A. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired) Tailor

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. Tata

14 MOTHER'S MAIDEN NAME Lucia Musachio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 184-01-9253

17. INFORMANT Angelo Machiorlatti ADDRESS Everett Pa

CAUSE OF DEATH

MEDICAL CERTIFICATION

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

(B) pulmonary edema

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 5-20 19 49 *to* 5-20 19 49, *that I last saw the deceased alive on* 5-20 19 49 *and that death occurred at* 10 ~~PM~~ AM *m., from the causes and on the date stated above.*

23A. SIGNATURE Howard E Hall M. D.

23B ADDRESS Univ Hosp.

23C DATE SIGNED 5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal

24B. DATE May 24/49

24C. NAME OF CEMETERY OR CREMATORY Catholic Cem

24D LOCATION (City, town, or county) (State) Bedford Pa

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949

REGISTRAR'S SIGNATURE Washington Williams, MD

25 FUNERAL DIRECTOR Ullom Funeral Home ADDRESS 2008 Juniata St

VS 150

94a

74565
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74565

1. NAME OF DECEASED (Type or Print): William Davis

2. DATE OF DEATH: 5/19/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: 54 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D STREET ADDRESS (If rural, give location): 2831 Erdman Ave 8 0 R

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	married	March 1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mailing Clerk.	-	Baltimore	U.S.

13. FATHER'S NAME: William Davis
14 MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
yes.	1st. War	—	Isabel Davis	2831 Erdman Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary disease
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C DATE SIGNED
C. J. Pastorsky M.D.		5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
	May 22 '49	Holy Redeemer	Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Washington Williams Jr.	Joseph Kosmakos Jr.	602 Wash. Blvd.

94a

VS 151

CERTIFICATE CORRECTED 5-23-49 X ✓

G74566

BALTIMORE CITY HEALTH DEPARTMENT 43

CERTIFICATE OF DEATH 3

G74566 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edna Florence Dalgish

2 DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Univ. Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Univ. Hosp. Green & Lombard Sts.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md B COUNTY Balto.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex
D STREET ADDRESS (If rural, give location) 7 Hutchings ave Middle River

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W		11/17/1918	30	5 / 3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	U.S.	

13. FATHER'S NAME Raymond Thygesen

14. MOTHER'S MAIDEN NAME Bertha Brandt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Husband	Essex, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) encephalitis	
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) acute pulmonary edema	
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C)	

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19-49, 19__, *to* 5-20, 19 49, *that I last saw the deceased alive on* 5-20, 19 49, *and that death occurred at* 12:45 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
Howard E. Dahl M. D.	Univ. Hosp.	5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/23/49	Bethel Cem.	Essex Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25 FUNERAL DIRECTOR ADDRESS

VS 150

80B

AB-127246
G74567
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74567
Registered No.

1. NAME OF DECEASED (Type or Print): Russell Hopkins

2. DATE OF DEATH: May 19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 26yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): None 26

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Divorced	Dec. 4- 1905	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Window Cleaner	Queen City Co	Virginia	

13. FATHER'S NAME: John Thomas Hopkins

14. MOTHER'S MAIDEN NAME: Annie Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT (Signature and address): Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis — Interval between onset and death: Several years
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3-2- , 1949, *to* 5-19- , 1949, *that I last saw the deceased alive on* 5-19- , 1949, *and that death occurred at* 2.40 AM., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. S. [illegible] M.D.	Baltimore City Hospitals	May 19-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/21/49	[illegible]	[illegible] Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, M.D.	[illegible]	[illegible]

VS 150

136

G74568

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

273

Registered No. G74568

1. NAME OF DECEASED (Type or Print) JESSIE E. DEIBEL

2. DATE OF DEATH May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 508 W. Fayette Street

4-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White		Oct 18,1947	1	7	1		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Prince George Co., Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Deibel	Ruth Loveless

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Edward Deibel	502 W. Fayette St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute dilatation of right ventricle of heart

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute pulmonary edema
Status thymicolymphaticus

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER [X] / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D.		5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 21 1949	Huntington Williams, M.D.	William Cook, Inc., 1217 St. Paul St

VS 151

64

G74569

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 vo

G74569

Registered No.

1. NAME OF DECEASED (Type or Print) Mr. William Samuel Steitz

2. DATE OF DEATH May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1652 Cliftview Avenue

8 05

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/24/92
9. AGE (In years last birthday) 56 yr.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY Boat Builder

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anton Steitz
14. MOTHER'S MAIDEN NAME Elizabeth Casselman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Mrs E. M. Steitz ADDRESS 1652 Cliftview Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion

DUE TO

(B) Arterio-sclerotic Heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/17 *,* 1949 *to* 5/20/ *,* 1949*, that I last saw the deceased alive on* 5/20/ 1949 *, and that death occurred at* 6:15 AM *, from the causes and on the date stated above.*

23A. SIGNATURE Ray E. Pearson Jr. M. D.
23B. ADDRESS 1400 N. Caroline Street
23C. DATE SIGNED 5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/22/49
24C. NAME OF CEMETERY OR CREMATORY Parkwood
24D. LOCATION (City, town, or county) (State) Parkville Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949
REGISTRAR'S SIGNATURE Remington Williams, Md
25. FUNERAL DIRECTOR Wm Cook Inc.
ADDRESS 121 E. Paul St.

VS 150

937

G74570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

120.1 G74570 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Willard Wardwell

2. DATE OF DEATH 5/14/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5404 Belloma Ave

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto
D STREET ADDRESS (If rural, give location) 5404 Belloma Ave 27

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~ MARRIED WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH 3-1-83
9. AGE (In years last birthday) 66
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10B. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME E. K. Wardwell
14. MOTHER'S MAIDEN NAME Virginia Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)
16. SOCIAL SECURITY NO. 223-18-0274
17. INFORMANT Mrs. Mary Wardwell ADDRESS 5404 Belloma Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [ ] NO [ ]

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23A SIGNATURE (Professional) R. B. Strauss M.D.
23B ADDRESS 1123 St Paul St
23C DATE SIGNED 5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment
24B DATE 5/21/49
24C NAME OF CEMETERY OR CREMATORY Frogs Mount
24D LOCATION (City, Town, or County) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR
ADDRESS

VS 150

94a

G74571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2900 G74571 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Maggie J. Knight

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH: A Baltimore City, Maryland — Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1916 W. Washington Street 8 05

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1916 W. Washington Street

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	Divorced	Sept. 25, 1879	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitress	retired	Prince [illegible] County, Md.	

13. FATHER'S NAME: John Tesley

14. MOTHER'S MAIDEN NAME: Elizabeth Smack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			[illegible]	1916 W. Washington Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) ARTERIOSCLEROSIS	18 Mo
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C) PERNICIOUS ANEMIA	18 Mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1948, *to* 5-19-, 1949, *that I last saw the deceased alive on* 5-19, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James F. Kavanagh M.D. M. D.	304 McCeddy St	5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	Mt. Olivet Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, M.D.	Jm. Cook, Inc.,	1217 St. Paul Street

VS 150

73a

674572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 674572 | 53 | Registered No. 674572

1. NAME OF DECEASED (Type or Print) Dorothy M. Dell'Aringrete

2. DATE OF DEATH May 18-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3407 Shannon Dr.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3407 Shannon Drive

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3407 Shannon Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	July 31-1897	51	9 / 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Casper Gunzelman	Anna Tey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Michael Dell'Aringrete	3407 Shannon Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinomatosis
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Carcinoma of the Sigmoid
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1 Yr

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 19[illegible] to May 18, 19[illegible] that I last saw the deceased alive on May 18, 19[illegible] and that death occurred at 11 p.m. from the causes and on the date stated above.

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
[signature] M. D.	1261 E Monument St	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 23-1949	Holy Redeemer Cem.	Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, MD	John A. Miller	2334 Jefferson St.

VS 150

46E

G74573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

G74573

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): BESSIE E. WYATT

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 4024 Belle Ave.

3B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashburton Nursing Home 3520 N. Hilton St.

3C. Length of stay in Baltimore: Yrs. | Mos. | Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
female	white	widow	Jan. 7, 1884	65 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Frederick Co., Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen G. Hodgkin	Harriet Suman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Miss Elizabeth Holtz	3316 Egerton Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage of Brain — INTERVAL BETWEEN ONSET AND DEATH: 5/20/49

DUE TO

(B) High Blood Pressure and Hardening Arteries — 1 yr.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/8, 1949 *to* 5/20, 1949 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. C. Hearn M.D.	3907 Eastern Ave	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Lucretia Johnson Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

83a

G74574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 r 1

G74574

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print)	LILLIAN FREEMAN BLAKE
2. DATE OF DEATH	May 20, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	3520 Hilton Road Ashburton Nursing Home
c. Length of stay in Baltimore (Yrs. Mos. Days)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
D. STREET ADDRESS (If rural, give location)	3002 Clifton Ave.
5. SEX	female
6. COLOR OR RACE	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	single
8. DATE OF BIRTH	March 9, 1886
9. AGE (In years last birthday) (If under 1 year: Months, Days) (If under 24 hours: Hours, Min.)	63 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	retired nurse
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	Winchester, Va.
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	George R. Blake
14. MOTHER'S MAIDEN NAME	Ella Sherwood Freeman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	no
(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO	
17. INFORMANT	Mrs. Henry T. Reutter
ADDRESS	3002 Clifton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about 6 mo.

DUE TO

(B) Cardio Vascular disease — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from April, 1949, to May 21, 1949 that I last saw the deceased alive on May 19, 1949 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE	Walter Reutter M. D.	
23B. ADDRESS	2220 Garrison Blvd	
23C. DATE SIGNED	May 21/49	
24A. BURIAL, CREMATION, REMOVAL (Specify)	Burial	
24B. DATE	5/23/49	
24C. NAME OF CEMETERY OR CREMATORY	Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) (State)	Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	MAY 21 1949	
REGISTRAR'S SIGNATURE	Huntington Williams, M.D.	
25. FUNERAL DIRECTOR	WM. J. TICKNER & SONS	
ADDRESS	Balto., Md.	

VS 150

937

G74575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74575

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Dentley Jones

2. DATE OF DEATH May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 639 Jasper St.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 639 Jasper St.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	C	M	1/15/1921	28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		Va.	U. S. A

13. FATHER'S NAME: Clarence Jones

14. MOTHER'S MAIDEN NAME: Annie Maith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		?

17. INFORMANT — ADDRESS: Annie Jones 1528 Pulaski St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary T-B. — INTERVAL BETWEEN ONSET AND DEATH: about 6 mos.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/14/ 1949, *to* 5/19/ 1949 *that I last saw the deceased alive on* 5/18/ 1949, *and that death occurred at* 7:30 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature], M. D.	450 W. Biddle St	5/20/49

24A. BURIAL, CREMATION, REMOVAL	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/22/49	Northumberland Co. Va.	Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
MAY 21 1949	Huntington Williams, M.D.	Geo. G. Kelson 1303 Presstman St.

VS 150

13B

CERTIFICATE CORRECTED 5-25-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 811. Registered No. G74576

G74576
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILSON E. HALE N-809-2

2. DATE OF DEATH May 18th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Cecil
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Port Deposit
D. STREET ADDRESS (If rural, give location) (Aberdeen Proving Ground, Md.,)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	Sept. 18, 1915	33		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier		Illinois	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward W. Hale	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	at present		Army Records, Aberdeen Proving Ground	Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of spleen
DUE TO Rupture of bladder
Fractured pelvis
(B) Fractured ribs
DUE TO Fracture left femur
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Public	McEchen St. at Eutaw Place

21D. TIME OF INJURY (Month, Day, Year, Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 18, 1949 9:45 P.M.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	(Deceased- Auto. & Streetcar Collision passenger)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D.	[ ] / [X]	May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 21, 1949	Johnson Funeral Home	Erie, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, M.D.	Howard K. McComas & Son	Aberdeen Md.

VS 151

170B

CERTIFICATE CORRECTED 6-25-49 and 11-26-49

G74577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 97 G74577 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAYMOND McKEE N-709 ✓

2. DATE OF DEATH May 18 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Saranac Lake B. COUNTY N.Y. (home)
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen Proving Ground, Md.,
D STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	7/22/27	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Soldier	New York	U.S.A.

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
~~Unknown~~ William R. McKee	Mrs. Irene Mc Kee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
yes	at present		Army Records, Aberdeen Proving Ground Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured diaphragm.
DUE TO Ruptured spleen.
Ruptured kidney.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Fractured pelvis
Fractured ribs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Roadway	Route #40, ½ mile south Balto & Harford Co. line

21D. TIME OF INJURY (Month) (Day) (Year) Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 18, 1949 1:35a.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Pedestrian struck by auto.

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George L. Merrill M.D.		May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 21, 1949	Bromley Sprague	Wilmington N. Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 21 1949	Curtis Williams, M.D.	Howard K. McCormac Son, Abington Md

VS 151

164 8 ✓

G74578
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74578

1. NAME OF DECEASED (Type or Print) CAROLINE HUDZIK (ew)

2. DATE OF DEATH May 19, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1622 Fleet Street

3c. Length of stay in Baltimore — Yrs. / Mon. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1622 Fleet Street 2-03

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	M.	Mar. 16-1907	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Clerk		N. C.	Yes.

13. FATHER'S NAME Eugene A. Scott

14. MOTHER'S MAIDEN NAME Eva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		218-09-4012	Barbara W. Nichols	Mill Rd R.#1 Newark Dela.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia.
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatty degeneration of liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George G. Merrill M D		May 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	May 21-49		Atlanta Ga.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Hunter for Williams, M.D.	Wm. S. Fialkowski	2007 Eastern Ave

VS 151

108

B-D.O.A.
G74579
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

053.4 G74579 Registered No.

1. NAME OF DECEASED (Type or Print) Bernard A. Ghee

2. DATE OF DEATH May 19-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Dundalk
D STREET ADDRESS (If rural, give location) 102 Blair Way zone 22

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH
9. AGE (In years last birthday) If Under 1 Year: Months 11½ Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Ghee
14. MOTHER'S MAIDEN NAME [illegible] Ghee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S NAME AND ADDRESS Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Septicemia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 14hrs

CERTIFICATION APPROVED BY
For John R. Davis
A. G. Weech M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.Arrival, 19__, *to* Dead on Arrival, 19__, *that I last saw the deceased alive on* Dead on Arrival *and that death occurred at* 9.45Am., *from the causes and on the date stated above.*

23A. SIGNATURE A. S. Logan M. D.
23B. ADDRESS Baltimore City Hospitals
23C. DATE SIGNED May 19-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 21/49
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem
24D. LOCATION (City, town, or county) (State) 44 County Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949
REGISTRAR'S SIGNATURE Baltimore, Md
25. FUNERAL DIRECTOR AND ADDRESS Mrs Kath G Elliott 1129 N. Carlton St

VS 150

To be approved by the Medical Examiner

24a

G74580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74580 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nathaniel Venable

2. DATE OF DEATH May 19/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hosp

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Turner Station
D. STREET ADDRESS (If rural, give location) 223 Center St. Turner Station

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	Col	Married	Nov 16, 1898	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker		Cumberland Co Va	

13. FATHER'S NAME Charlie Venable

14. MOTHER'S MAIDEN NAME Sallie Venable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Josephine Venable	223 Center

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Abdominal septicemia
DUE TO
(B) H
DUE TO
(C) Uremia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-7-49 *to* 5-17-49, *that I last saw the deceased alive on* May 17 1949, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] MD	1129 N Carlton St	5-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or county) (State)
Removal	May 24/49		Farmville Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, MD	Mrs Rolla A. Ellis	1129 N Carlton St

VS 150

131B

G74581 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 — Registered No. G74581

1. NAME OF DECEASED (Type or Print): Joseph Bradley

2. DATE OF DEATH: May 19/49

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: 1717 N Monford Ln

b. COUNTY:

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home for Aged

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.

c. Length of stay in Baltimore — Yrs. Mos. Days

d. STREET ADDRESS (If rural, give location): 1717 N Monford Ave 8 0 0

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Sept 9 1876 | 9. AGE (In years last birthday): 72 73. | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hollstown Balto Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.

13. FATHER'S NAME: Denis Bradley

14. MOTHER'S MAIDEN NAME: Catherine Flaherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT: Linda Ignatius ADDRESS: 1200 Valley Vl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — Interval between onset and death: 1 day.

DUE TO

(B) Arterio Sclerosis — 8 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17 – , 1949, to May 19 – , 1949, *that I last saw the deceased alive on* May 19 , 1949, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E Gill Hall – M. D. | 23b. ADDRESS: 1631 E North Ave | 23c. DATE SIGNED: May 20-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: May 2- 1949 | 24c. NAME OF CEMETERY OR CREMATORY: Woodlawn | 24d. LOCATION (City, town, or county) (State): Long Green Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 21 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: John C Nolan | ADDRESS: 3000 E Baltimore St

VS 160

83a

074582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 074582

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN MCGEE BROWN

2. DATE OF DEATH MAY 17, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 915 W. Mulberry Street 15 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 1 day: Hours	Min.
male	colored	married	April 22, 1904	45				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Singleton
14. MOTHER'S MAIDEN NAME Lillian Taylor.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Leroy Brown. ADDRESS 1334 Moshen St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED May 17, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 21, 1949
24C. NAME OF CEMETERY OR CREMATORY Mt. Zion
24D. LOCATION (City, town, or county) (State) Lansdowne, Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949
REGISTRAR'S SIGNATURE Funeraltor Williams, M.D.
25. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N Schroeder St

VS 191

13B

G74583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74583

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rev. George J. Garnett. | 2. DATE OF DEATH 5-17-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland. Fulton a Retreat

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fulton Baptist Church

c. Length of stay in Baltimore Over 40 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE | B. COUNTY | 621 N Carrollton Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 16
D. STREET ADDRESS (If rural, give location) 621 N. Carrollton Ave.

5. SEX male | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 1, 1883 | 9. AGE (In years last birthday) 65 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Preacher | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Spotsylvania Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emanuel Garnett.

14. MOTHER'S MAIDEN NAME Emma Mason.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Dorothy Ellis Garnett. | ADDRESS 621 N. Carrollton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — Interval between onset and death: Sudden
DUE TO
(B) Arteriosclerosis — 2 mos.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1949 to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 9 A.M. from the causes and on the date stated above.

23A. SIGNATURE H. Hall Stone M.D. | 23B. ADDRESS 1131 Harlem Ave | 23C. DATE SIGNED 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 23, 1949 | 24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial | 24D. LOCATION (City, town, or county) Arbutus, (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Miss Katie R. Williams | ADDRESS 2224 Schroeder St

VS 150

94a

74584 ✓ 75 G74584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Florence SCOTT

2. DATE OF DEATH 5/19/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital
c. Length of stay in Baltimore 56 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE MD
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1429 Edmondson Ave

5. SEX Fe
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 12/24/92
9. AGE (In years last birthday) 56 (If under 1 Year: Months Days; If under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Florence Williams ADDRESS 513 N Carey St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Pseudomucinous Cystadenocarcinoma of right ovary
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION None
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1949 to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23A. SIGNATURE [signature] M D
23B. ADDRESS Provident Hospital
23C. DATE SIGNED 5/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 21, 1949
24C. NAME OF CEMETERY OR CREMATORY Western Star
24D. LOCATION (If city, town, or county) (State) Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1949
REGISTRAR'S SIGNATURE [signature] for Williams, M.D.
25. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N Schroeder St

VS 150

49a

G74585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74585 Registered No.

1. NAME OF DECEASED (Type or Print) Eleanore Jackson

2. DATE OF DEATH May 17, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 1808 Druid Hill Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1808 Druid Hill Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	Col.	WIDOWED	Aug 6 - 63	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: John Green

14. MOTHER'S MAIDEN NAME: Elmore Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Edith Holland	1808 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive failure & Coronary Heart Block — DUE TO — 2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatoid Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 12, 1949, *to* May 16, 1949, *that I last saw the deceased alive on* May 16, 1949, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Simon H. Carter, jr. M.D.	275 Pennsylvania Ave.	5/19/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-21-49	Mt Auburn Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAY 21 1949	Huntington Williams, M.D.	Elroy O. Wilson	1000 Bloomfield Ave

VS 150

59a

G74586

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

116 Registered No. G74586

1. NAME OF DECEASED (Type or Print): Catherine D.Gissel (Katie D.Gissel)

2. DATE OF DEATH: May 20th.,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1210 Aisquith Street

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY: City
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-1
D STREET ADDRESS (If rural, give location): 1210 Aisquith Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
Female	White	Widowed	July 9th.1874	74 birthday / 1 Mos. / 11 Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore,Maryland

12. CITIZEN OF (What country?): U.S.A.

13. FATHER'S NAME: John Henry Behn

14. MOTHER'S MAIDEN NAME: Minnie Lambrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 213-01-5408 A

17. INFORMANT: Mrs.Minnie Wallace,1210 Aisquith Street ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rheumatic C-V disease DUE TO
INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* [illegible] 1949 *to* May 20, 1949 *that I last saw the deceased alive on* May 20, 1949 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. S. Spencer M.D.

23B. ADDRESS: 1[illegible] Fremont St

23C. DATE SIGNED: 5.20.49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-23-49	Baltimore Cemetery	E.North Avenue,Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 21 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: George J.Ruth,Inc.1735 Harford Avenue

VS 150

93c

G74587 — BALTIMORE CITY HEALTH DEPARTMENT — G74587

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): MARGARET M. MURPHY

2. DATE OF DEATH: 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

c. Length of stay in Baltimore: LIFE 6y Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: MARYLAND
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-1
D STREET ADDRESS (If rural, give location): 1805 SOUTH RD.

5. SEX: ~~Male~~ female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: NOV, 1887
9. AGE (In years last birthday): 61y
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~None~~
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: MICHAEL J. COHN
14. MOTHER'S MAIDEN NAME: KATHERINE T. MULLAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: FRANK V. MURPHY — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

DUE TO

(B) Hypertensive C-V disease. — 6 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18, 1949 *to* 4-17, 1949, *that I last saw the deceased alive on* 4-19, 1949, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23A SIGNATURE: F. M. Smulson M. D.
23B ADDRESS: Mercy Hospital
23C DATE SIGNED: 4-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 5/23/49
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Meaks and Son
ADDRESS: 503 N. Eutaw St.

931

To be Autopsied

G74588

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 16 G74588 Registered No.

1. NAME OF DECEASED (Type or Print) BROTHER WM. J. HAGERTY, S. J.

2. DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSP. BALTO

c. Length of stay in Baltimore 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-11
D. STREET ADDRESS (If rural, give location) LOYOLA COLLEGE 4501 CHARLES ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	W	SINGLE	Nov 19 1913.	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS BROTHER

10B. KIND OF BUSINESS OR INDUSTRY CATHOLIC CHURCH

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William J. Hagerty

14. MOTHER'S MAIDEN NAME Dorothy Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT FR. TALBOT ADDRESS SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease YRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28 1948, to 5-20 1949, *that I last saw the deceased alive on* 5-20 1949, *and that death occurred at* 2:56 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Robert E. Gibson M.D.

23B. ADDRESS Mercy Hospital.

23C. DATE SIGNED 5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	Woodstock	Woodstock, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR H. W. Meeks and Son ADDRESS 805 N. Calvert St.

951

G74589 BALTIMORE CITY HEALTH DEPARTMENT G74589

BIRTH NO. **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): FRANK H HAIGLEY

2. DATE OF DEATH: May 19th 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTO
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
c. Length of stay in Baltimore: 61 [illegible] years Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 20-3
D. STREET ADDRESS (If rural, give location): 13 S. Payson St - Balto 23

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/5/8[illegible]
9. AGE (In years last birthday): [illegible]61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: B.+O. R.R.
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Alphonso Haigley
14. MOTHER'S MAIDEN NAME: Margaret Reis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ellen J. Haigley 13 S. Payson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarctum
DUE TO
(B) Coronary Occlusion
DUE TO
(C) Arteriosclerotic Coronary Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17th, 1949 *to* May 19th, 1949 *that I last saw the deceased alive on* May 19th, 1949, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. J. Castellano M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 5-19-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/23/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. L. Beyer Jr. ADDRESS: 1512 Hollins St

VS 150

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G74590

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44 v G74590 Registered No.

1. NAME OF DECEASED (Type or Print) Fanny Lowman

2. DATE OF DEATH 5-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital, Inc

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 21-18
D. STREET ADDRESS (If rural, give location) 5343 Just Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	W		59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Russia	

13. FATHER'S NAME Samuel Wolfsohn

14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Dr Milton Lowman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia and probable C-VA
DUE TO
(B) Hypertensive arteriosclerotic cardiovascular renal disease
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1949, *to* Death, 19, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 7:04 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benj. Silverman M.D.	Sinai Hospital	May 21

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-22-49	United Hebrew	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	Huntington Williams, M.D.	Jack Reavis Inc	2100 Eutaw Pl

131a

G74591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 ✓

G74591

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC FERSHTUT

2. DATE OF DEATH V-21-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1544 Morland Ave

c. Length of stay in Baltimore 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-3
D. STREET ADDRESS (If rural, give location) 1544 Morland Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married		71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob

14. MOTHER'S MAIDEN NAME Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Sarah Fershtut ADDRESS 1544 Morland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Right Lung — INTERVAL BETWEEN ONSET AND DEATH Almost 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Metastases To Livers — Some months

Long Bones - Fracture of right Hip

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT SUICIDE HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1949 *to* May 21, 1949 *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Theodore H. Morrison M. D.

23B. ADDRESS 11 E. Chase St

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE V-22-49

24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel

24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eutaw Pl

VS 150

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G74592 ✓ o G74592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 420

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JENNIE GORDON

2. DATE OF DEATH 5-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7504 Forest Park Ave

c. Length of stay in Baltimore 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-5
D STREET ADDRESS (If rural, give location) 7504 Forest Park Ave

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH
9. AGE (In years last birthday) 68 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob
14. MOTHER'S MAIDEN NAME Goldie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Jack Gordon ADDRESS 3614 Wabash Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Renal sufficiency.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 26, 1949 *to* May 21, 1949 *that I last saw the deceased alive on* May 20 1949, *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Nathan Rhynitz M. D.
23B ADDRESS 1910 Eutaw Pl.
23C DATE SIGNED 5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5-22-49
24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men
24D LOCATION (City, town, or county) Balto (State) Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl

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G74593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74593 Registered No. 160

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AARON G. LEVY

2. DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5108 Laurel Ave

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17
D. STREET ADDRESS (If rural, give location) 5108 Laurel Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married		34		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Buyer		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob	Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES	World War 2	214-01-7621	Rosella Levy	5108 Laurel Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fibro-Sarcoma of Right Maxillary Sinus -
DUE TO
(B) Cerebal + Facial Metastases
DUE TO
(C) Cardio - Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/2/49	Fibro Sarcoma of Antrum -	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEB 5 '49 19 *, to* May 20 '49 19 *, that I last saw the deceased alive on* May 20 *, 1949, and that death occurred at* 9:10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
Leonard Applefeld	2511 Reisterstown Rd	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	[illegible]	Woodlawn	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	[illegible]	Jack Lewis Inc	2100 Eutaw Pl

VS 150

5-57

G74594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G74594

Registered No. May 20-1949

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sophia B Hanline

2. DATE OF DEATH May 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 7301 Park Hieghts Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

C. Length of stay in Baltimore 40 years 7301 Park Hieghts Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Baltimore, Md. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.

D. STREET ADDRESS (If rural, give location) 27-20

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Oct 9, 1885	63 years	7 / 12	12 / 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Cinninnatti, Ohio	U.S.A.

13. FATHER'S NAME: Daniel Brown

14. MOTHER'S MAIDEN NAME: Miriam K. Olpfer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	No		Leon Hanline	7301 Park Hieghts Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclrois, Cerebral hemorhage — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Acute Uremia — 1 day

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Oct 11, 1939, *to* May 20, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 11 30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benjamin Kadin M. D.	2306 Eutaw Place Balto. 17 Md	May 21-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 22, 1949	Baltimore Hebrew	Belair Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	Covington Williams, M.D.	David Sondheim & Son	1302 Eutaw

83a

G74595 BALTIMORE CITY HEALTH DEPARTMENT Reg. No. G74595

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE HORRIGAN

2. DATE OF DEATH May 20 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3913 Roland Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3913 Roland Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	white	widow	March 4 1860	89 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
none	—	Maryland	U. S.

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Gerhardt Marschen	Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS
—	—	—	Carol Horrigan - 3913 Roland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO Acute

(B) Old Age Senility
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
—

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1- , 1949 *to* 5-20- , 1949 *that I last saw the deceased alive on* 5-21- , 1949, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B ADDRESS	23C DATE SIGNED
Louis Morrison	2632 Roland Ave	5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 23/49	New Cathedral	Old Frederick Road, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	Registrar Williams, M.D.	Austin E. Donovan	3638 Roland Ave

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937

674596 BALTIMORE CITY HEALTH DEPARTMENT 674.596

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Thomas Coulbourne

2 DATE OF DEATH May 20. 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 828 S Rappolla St

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 828 S Rappolla St

c. Length of stay in Baltimore 20 Yrs. — Mos. — Days

5. SEX	6 COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M.	W	Single	Sept 29 1898	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Electrician	Glenn L. Martin	Md	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Edward W. Coulbourne	Emma V. Freed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
No		214-12-6786	Alice E. Stevenson	828 S Rappolla St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs ?
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 10, 1949, to May 20, 1949 that I last saw the deceased alive on May 20, 1949, and that death occurred at 4.40 P.m., from the causes and on the date stated above.

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
George D. Lapsley M.D	432 S Patterson Park Ave	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
	5-23 1949	Parkwood	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	J. Howard Strong	3207 W. North Ave

1312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G74597 Registered No. G74597

1. NAME OF DECEASED (Type or Print): SUSANNA MILKE (OR MILKE) | 2. DATE OF DEATH: 5/20/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1041 W. BARRE ST.
C. Length of stay in Baltimore: Yrs Mos Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1041 W Barre St. 21-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	WIDOW	Dec. 25- 1858	90	4 / 6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	GERMANY	

13. FATHER'S NAME: NOT KNOWN
14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	MRS. MARTHA REESE	1041 W. Barre St

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic Cardiovascular Disease	?
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection, Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
John R Davis, M.D.	☒	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 23-49	HOLY CROSS CEM.	A.A. CO. MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	Huntington Williams, M.D.	Elizabeth Harle Inc.	117 E. West St.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. BC 49-06546 754 Registered No.

1. NAME OF DECEASED (Type or Print): Helen Lee Dill

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Garrett Lane

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Md; b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-1; d. STREET ADDRESS (If rural, give location): 120 Wilcox St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3-24-49

9. AGE (In years last birthday): If under 1 Year: Months / Days 26; If under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: W. A. Dill

14. MOTHER'S MAIDEN NAME: Margaret Lowry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cong. M - disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rhabdomyosarcoma

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20 1949 *to* 5/20 1949, *that I last saw the deceased alive on* 5/20 1949, *and that death occurred at* 12:25 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 23, 1949

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 22 1949

REGISTRAR'S SIGNATURE: [signature] Williams, M.D.

25. FUNERAL DIRECTOR: [signature] — ADDRESS: 1003 W. Baltimore, St.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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G74599

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): PATRICK A. SORDILLO N-8-7

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2225 Cecil Avenue 9-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
Male	White	Single	March 30 1943	6	1		20	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME: Joseph A. Sordillo

14. MOTHER'S MAIDEN NAME: Mary E. Varina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Joseph A. Sordillo ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull.
DUE TO Concussion of brain.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Fractured femur
DUE TO Fractured humerus

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 22nd St. & Kirk Avenue 9/8

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 20, 1949 4:20 P m

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Pedestrian struck by truck

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M D

23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	March 23rd/49	Holy Cross Cemetery	Brooklin Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 22 1949

REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.

25. FUNERAL DIRECTOR: Frank Della Rocca ADDRESS: 322 S. High St.

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BIRTH NO. 1600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 332

Registered No.

1. NAME OF DECEASED (Type or Print) EDGAR KEESEY

2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Pennsylvania
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) York
D. STREET ADDRESS (If rural, give location) 12 N. Oxford St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 1 Day: Hours, Min.
male	white	married	MARCH 24, 1904	45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Pennsylvania	U.S.A.

13. FATHER'S NAME
J. R. WILSON KEESEY

14. MOTHER'S MAIDEN NAME
E. A. M. HYSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial pressure
DUE TO
(B) Cerebral Thrombosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/21/49	cortical softening, edema	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	?

22. *I hereby certify that I attended the deceased from* 5/21 *1949, to* 5/22 *, 1949 that I last saw the deceased alive on* 5/22 *, 1949, and that death occurred at* 12 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James M Brisanar M. D.	University Hosp.	5/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
REMOVAL	5/22/49		York, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 22 1949	Huntington Williams, M.D.	Wm. J. Tickner & Sons	

832

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Robert Elmer Ford

2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE W. Va
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wheeling
D. STREET ADDRESS (If rural, give location) 1310 Byron Street.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 10 1893
9. AGE (In years last birthday): 55 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Painting Contractor

11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W Ford.

14. MOTHER'S MAIDEN NAME: Nancy Margaret Heatwole.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Grace Ford — ADDRESS: Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
(A)	Uremia.	5 Mos.
DUE TO (B)	Hypertensive Cardio-Vascular Disease	2 yrs.
DUE TO (C)	Diabetes Mellitus	18 yrs.

I

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1949 *to* May 22, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 5.25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John R. Smith, Jr. M. D.
23B. ADDRESS: Union Memorial Hosp. Balto Md
23C. DATE SIGNED: 5-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 5/22/49
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): WHEELING, W. VA.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 22 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: WM. J. TICKNER AND SONS, BALTO. MD

VS 15B

61

G74602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74602 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Richard Sheridan

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Marburg 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palm Beach
D. STREET ADDRESS (If rural, give location): Banyan Rd.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2-22-85
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Sheridan
14. MOTHER'S MAIDEN NAME: Jane McPartland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS: ✓

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-respiratory failure
DUE TO
(B) Cor pulmonale
DUE TO
(C) lipoid pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4+ yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10 19 49 *to* 5/22 19 49 *that I last saw the deceased alive on* 5/22 19 49 *and that death occurred at* 7 20 A m. *from the causes and on the date stated above.*

23A. SIGNATURE: E. W. Smith M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 5/22/49
24C. NAME OF CEMETERY OR CREMATORY: Campbell Funeral Home
24D. LOCATION (City, town or county) (State): New York N. Y.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Earl B. Holtzmeister
ADDRESS: 403-6-Y 5th St N Y 17

VS 150

G74603 ✓ G74603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3699

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clinton B. Sewell

2. DATE OF DEATH 5-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1015 Whatcoat St
C. Length of stay in Baltimore 2 weeks (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1015 Whatcoat St. 16

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 year: Months	Days	Under 24 hours: Hours	Min.
Male	Colored	married	10 24 1883	65				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	New Market Md	U.S.A.

13. FATHER'S NAME Tony Sewell

14. MOTHER'S MAIDEN NAME Mary Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	219-14-9264	Mrs Jim Brown	1015 Whatcoat St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-15, 1949, *to* 5-22, 1949, *that I last saw the deceased alive on* 5-21-, 1949, *and that death occurred at* 4:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank A. Saunders M. D.	1019 Linden Ave	5-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 25-1949	Simpson Chapel	New Market Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Evelyn Williams, M.D.	W. E. Fahrney	New Market Md

VS 150

93E

G74604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Vol. 1

G74604

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael F. Gobeen

2. DATE OF DEATH May 22nd. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 410 E. 22nd. St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore 7 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 410 E. 22nd. St. 12-04

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct. 15th. 1862
9. AGE (In years last birthday) 86 88
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stone Mason
10B. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Gobeen
14. MOTHER'S MAIDEN NAME Ellen Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO None
17. INFORMANT Mrs. Manie Christ ADDRESS 410 E 22nd. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) General Arterio sclerosis
DUE TO
(C) Old age.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 Month

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 21 1949 *to* May 22 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23A. SIGNATURE N. W. Keown M. D.
23B. ADDRESS 1938 Linden Ave
23C. DATE SIGNED 5/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 25th. 1949
24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State) Martinsberg W. VA.

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Geo. L. Beyer Jr. ADDRESS 1512 Hollins St.

VS 150

94a

G74605 49-09144 143 G74605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): HATTIE (FREAMON) FREAMON | 2. DATE OF DEATH: May 21 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 135 W. Cross St
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto.
D. STREET ADDRESS (If rural, give location): 135 W. Cross St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	C		Oct 16 - 1902	47 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	—	Va	U. S.

13. FATHER'S NAME: Robert Armstrong
14. MOTHER'S MAIDEN NAME: Hester
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Constance Dukes ADDRESS: 108 W. cross

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
DUE TO
(B) Hypertensive C.V. Desease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* May 21 1949 *to* May 21 1949, *that I last saw the deceased alive on* May 21 1949 *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph Shear M. D.	Univ Hosp	5-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 25 49	Mt Auburn	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, MD	James Adams	142 W. Hill St

VS 150

93d.

G74606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G74606

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): John L. Heinemeyer

2. DATE OF DEATH: 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2403 E. Oliver St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2

c. Length of stay in Baltimore — Yrs. Mos. Days:

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Falls
D. STREET ADDRESS (If rural, give location): 2403 E Oliver St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	11-20-1865	83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
American Brewery	Bottler	Philadelphia, Pa.	

13. FATHER'S NAME: August Heinemeyer

14. MOTHER'S MAIDEN NAME: Sara Hansen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 219-07-5033

17. INFORMANT: Minnie Heinemeyer — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: year

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — yes.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1946 *to* 5-20, 1949 *that I last saw the deceased alive on* 5-20, 1949, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William L. Jeans M. D.	3025 Belair Road	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-23-49	Baltimore Cem.	North Ave. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	John C. Miller Inc.	2435 E. Oliver St.

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74607 G74607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Truitt

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 W. Mulberry St.
c. Length of stay in Baltimore: 52 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1118 W. Mulberry

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	Nov. 24, 1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	None	Maryland	—

13. FATHER'S NAME: Charles Truitt

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Eliza	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — DUE TO

(C) — DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-12, 1949 to 5-19, 1949 that I last saw the deceased alive on 5-19, 1949 and that death occurred at 2:00 p m., from the causes and on the date stated above.

23. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas Charles M. D.	1543 Penna. Ave	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		National	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, MD	Joseph L. Russ	

VS 150

83a

G74608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74608

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): MARY MEYER

2. DATE OF DEATH: May 21. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2206 W. Saratoga St

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2206 W. Saratoga St

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	Aug 15, 1861	87	9 5	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Baltimore Md	

13. FATHER'S NAME: John Klebe

14. MOTHER'S MAIDEN NAME: Brick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—	—	—

17. INFORMANT: Irma G. Meyer ADDRESS: 2206 W. Saratoga St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia (Broncho)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C) Arteriosclerotic C. V. D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949 to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 4.30 a m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D. | 23B. ADDRESS: 3325 Forderick St. | 23C. DATE SIGNED: 5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: May 23. 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Lorraine | 24D. LOCATION (City, town, or county) (State): Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949 | REGISTRAR'S SIGNATURE: Washington Williams, MD | 25. FUNERAL DIRECTOR: Mrs. Mrs. John W. Tenfelden | ADDRESS: 5311 937 Edmondson Ave

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74609 G74609

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): BESSIE WEINSTEIN
2. DATE OF DEATH: 5-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 No Wolfe St
C. Length of stay in Baltimore: 22 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 415 No Wolfe St 6 24

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if 1 day or over)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widow		79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Russia	

13. FATHER'S NAME: Joel
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Jacob Fried	415 No Wolfe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) atrophic-cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs
DUE TO
(b) recurrent hepatitis — 4-5 yrs
DUE TO
(c) primary cause unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: General arterio-sclerosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1945 19__ to May-22- 1949 that I last saw the deceased alive on May-22- 1949, and that death occurred at 10 45 A.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr. Herman Seidel M.D.	2404 Eutaw Pl	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	5-23-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Turlington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

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G74610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776

G74610

BIRTH NO. B.C. 49-10556 Registered No.

1. NAME OF DECEASED (Type or Print) Antoinette Demoreski, Baby Girl

2. DATE OF DEATH May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Sinai Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write IN RAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1604 Shakespeare St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Infant	May 21, 1949		1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF (What country?)
	Infant	Baltimore Md	

13. FATHER'S NAME Thomas Demoreski

14. MOTHER'S MAIDEN NAME Tinnie Brzozowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Thomas Demoreski	1604 Shakespeare St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 21, 1949 *to* May 22, 1949, *that I last saw the deceased alive on* May 22, 1949, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
David Josephs M.D.	Sinai Hospital	May 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	St. Stanislaus	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	George A. Weber	705 S. Paca St

VS 150

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G74611 — BALTIMORE CITY HEALTH DEPARTMENT — G74611

BIRTH NO. — **CERTIFICATE OF DEATH** — Registered No.

1. NAME OF DECEASED (Type or Print): Laura V. King
2. DATE OF DEATH: May 20th 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md; B. COUNTY Balto; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto; D. STREET ADDRESS (If rural, give location) 1700 Park Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 Park Ave
c. Length of stay in Baltimore: Yrs. 14 Mos. 01 Days
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/9/1854
9. AGE (In years last birthday): 94 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: (Unknown) Evans
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Gerald V. Rhein — ADDRESS 502 Dorsey Rd Towson Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1939 *to* 5-20, 1949 *that I last saw the deceased alive on* 5-20, 1949 *and that death occurred at* 2.35 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 30 [illegible]
23C. DATE SIGNED: 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/23/49
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR — ADDRESS: Wm Bork Inc. 1217 St. Paul St.

MAY 23 1949

131a

G74612

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74612

1. NAME OF DECEASED (Type or Print): EVAN WESLEY TAGG

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 611 Ensor Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Single	1895	54	3 16	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	[illegible]	

13. FATHER'S NAME: Stephen Tagg

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		5-21-49

24A. BURIAL, CREMATION, REMOVAL	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/24/49	Parkwood	Parkville Md.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949		[illegible]	[illegible]

VS 151 MAY 23 1949

93D

G74613 ✓153 G74613

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Marcella G. Reid

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1434 Homestead St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1434 Homestead St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	Nov. 27, 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
practical nurse		Baltimore, Maryland	U.S.

13. FATHER'S NAME: Capt. George H. Green

14. MOTHER'S MAIDEN NAME: Mattie Ashton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Estelle Green Onion — ADDRESS: 1434 Homestead St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma, General Abdominal (probable bowel primary site)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 6/1949	cauliflower carcinoma abdomen	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 6, 1948 to 5/20/49, 19 , *that I last saw the deceased alive on* May 19, 1949, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	2029 N. Charles St. 18	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
cremation	5/23/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	John O. Mitchell & Sons	1900 Eutaw Place

VS 150

46E

74614

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143

G74614 Registered No.

1. NAME OF DECEASED (Type or Print): EDITH GRACE SINDALL RICHARDS

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3401 University Place

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3401 University Place

12 yr

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 24, 1875
9. AGE (In years last birthday) If under 1 year: Months Days; If under 24 hours: Hours Min.: 73 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Sindall
14. MOTHER'S MAIDEN NAME: Catherine Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Webster C. Richards ADDRESS: 3401 University Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — DUE TO

(B) Hypertensive cardio vascular disease — DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1948, *to* 20 May, 1949, *that I last saw the deceased alive on* 20 May, 1949, *and that death occurred at* 12:20 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Mason M. D.
23B. ADDRESS: 9 E. Chase St.
23C. DATE SIGNED: 21 May '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/23/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Tuntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

937

G74615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2043

G74615

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr MERYYN W KELLAM

2. DATE OF DEATH 5/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Sinai Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4000 Clark Lane

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	Married	May 11/22	27				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Dentist	Baltimore Md.	USA

13. FATHER'S NAME: Louis Kellam

14. MOTHER'S MAIDEN NAME: Sylvia Bilick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs. Joan Kellam — ADDRESS: 4000 Clark Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Leukemia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 17, 1949 *to* May 23, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 3'0 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jerome Gaber M. D.	Sinai Hosp.	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-24-49	Hebrew Friendship	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Sol Levinson & Bros	1124 W North Ave

VS 150

74a

G74616

BIRTH NO. 49-28673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 G74616 Registered No.

1. NAME OF DECEASED (Type or Print): BABY BOY GELWICK

2. DATE OF DEATH: 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woman's Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1717 Jackson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W	S.	5-20-49			2 / 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): U. S. - Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Gelwick.

14. MOTHER'S MAIDEN NAME: Clara Marie Sundstrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO: —

17. INFORMANT: Clara Gelwick ADDRESS: 1717 Jackson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity - 26wks gestation

DUE TO

(B) Maternal Pyelonephritis.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-20- 19 49 *to* 5-20 , 19 49 *that I last saw the deceased alive on* 5-20 , 19 49 *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Vernon C. Kelly, M. D.

23B. ADDRESS: Woman's Hospital.

23C. DATE SIGNED: 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): B.

24B. DATE: 5-23-49

24C. NAME OF CEMETERY OR CREMATORY: Lorraine

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949

REGISTRAR'S SIGNATURE: Timothy for Nathaniella, M.D.

25. FUNERAL DIRECTOR: James L. McCaul ADDRESS: 1511 E. Fort Ave 159

VS 150

G74617

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420.1

Registered No. G74617

1. NAME OF DECEASED (Type or Print): Richard Westerman Tennant

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 Southway

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 316 Southway

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1899

9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Robert Loftus Tennant

14. MOTHER'S MAIDEN NAME: Catherine Westerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1st World

16. SOCIAL SECURITY NO: ---

17. INFORMANT: Richard W. Tennant Jr. ADDRESS: 3213 Fairview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
Cardio-renal-vascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: minutes

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 14 1948 *to* May 22, 1949 *that I last saw the deceased alive on* May 22, 1949, *and that death occurred at* 4 15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B ADDRESS: 617 W. 40th St

23C DATE SIGNED: 5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 25, 1949

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS 150

131a

G74618

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

113

G74618

Registered No.

1. NAME OF DECEASED (Type or Print): ELLA MAE WAGNER

2. DATE OF DEATH: 5 / 20 / 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hosp.

c. Length of stay in Baltimore: 50 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2912 Huntingdon Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	September 5-1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Nicholas Seitz

14. MOTHER'S MAIDEN NAME: Martha Standiford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Daniel R. Wagner	2912 Huntingdon Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

Hypertension Cardio Vascular Renal

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5 / 11, 1949, *to* 5 / 20, 1949, *that I last saw the deceased alive on* 5 / 20, 1949, *and that death occurred at* 2:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bobby L. Jones M.D.	Franklin Square Hosp.	5 / 22 / 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 23-1949	Woodlawn	Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Burgee Funeral Home	3631 Fallsway

VS 150

927

CARLS

G74619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 1 1

G74619

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Ann - Carls

2. DATE OF DEATH 5-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Hospital for the Women of Maryland

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1211 North Broadway

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	White	Married	Nov. 14, 1914	34		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
House wife		Chamogeon, Pa.	

13. FATHER'S NAME Naum Zimnick

14 MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Ann - Carls	1211 N. Broadway, Balto, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cachexia
DUE TO
(B) portal cirhosis
DUE TO
(C) alcohol

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 18, 1949 *to* May 21, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 6 30/p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
H. Chesley Deaton, M. D.	Womens Hospital	5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-24-1949	Mt. Olivet	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, MD	Flynn & Fleming	1426 Light St.

VS 150

124a

G74620 X G74620

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. BC. 49-10094 CERTIFICATE OF DEATH 54 Registered No.

1. NAME OF DECEASED (Type or Print): Baby (Sandra) Basil

2. DATE OF DEATH: May 22-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hanover.
D. STREET ADDRESS (If rural, give location): Florey Rd.

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 5-20-1949
9. AGE (In years last birthday) | If Under 1 Year Months Days | If Under 24 Hours Hours Min.: ✓

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William) Basil
14. MOTHER'S MAIDEN NAME: Gladys Seaton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr William Basil ADDRESS: Florey Rd Hanover Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CONGENITAL HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO
(B) PATENT DUCTUS ARTERIOSUS
DUE TO
(C) PATENT FORAMEN OVALE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: CONGENITAL PULMONARY ATELECTASIS, LEFT

19A. DATE OF OPERATION: 5/21/49
19B. MAJOR FINDINGS OF OPERATION: BRONCHOSCOPY - ASPIRATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20, 1949 *to* 5/22, 1949 *that I last saw the deceased alive on* 5/22, 1949, *and that death occurred at* 2:32 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Clayton H. Badminton M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 5/22/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/23/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem
24D. LOCATION (City, town, or county) (State): 3801 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 901 Hollins St.

VS 150

157E

G74621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

No. 1

G74621 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GRACE ELIZABETH BARTLETT

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 940 Webb Court

c. Length of stay in Baltimore: 9 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 940 Webb Court

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
female	white	widow

8. DATE OF BIRTH: June 28, 1883

9. AGE (In years last birthday): 65 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alexandria, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter T. Hoy

14. MOTHER'S MAIDEN NAME: Amelia Travers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Miss Caroline Barlett — ADDRESS: 1801 Bolton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

DUE TO

(B) Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. B. Robertson M. D.

23B. ADDRESS: 422 Medical Arts Building

23C. DATE SIGNED: 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 5/23/49

24C. NAME OF CEMETERY OR CREMATORY: Bethel Cem.

24D. LOCATION (City, town, or county) (State): Alexandria, Va.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949

REGISTRAR: [illegible] Baltimore, Md.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

93E

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

754.6

Registered No. G74622

BIRTH NO. G74622 47-02624

1. NAME OF DECEASED (Type or Print): Phyllis Horner

2. DATE OF DEATH: MAY 21 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. 3 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-07
D. STREET ADDRESS (If rural, give location): 1425 N Lexington St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If years, last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White		2-7-49		3 14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanton Brown	Nellie Horner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Transposition of the Great Vessels (Post-operative)	3 mos.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/21/49	Transposition of Great Vessels	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-3- 1949 *to* 5-21 1949 *that I last saw the deceased alive on* 5-21- 1949 *and that death occurred at* 730 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry C. Sisto M.D.	JOHNS HOPKINS HOSPITAL	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24/49	New Cathedral	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Harry A. Wittke	4101 Edmondson Ave

VS 150

157E

G74623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74623 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): Eva Edwards

2. DATE OF DEATH: MAY 18 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17 ex
D. STREET ADDRESS (If rural, give location): 1124 Pennsylvania Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.
Female	Colored	Married	12-27-26	52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		N.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Thacker	Harriet Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease
DUE TO
(B) Essential Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-27- 1949 *to* 5-18- 1949, *that I last saw the deceased alive on* 5-18- 1949, *and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Strawson Millikoff M. D.	JOHNS HOPKINS HOSPITAL	5/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
Burial	5-24-49	Goldsboro N.C.	Goldsboro N.C.

DATE RECEIVED BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, MD	Elroy D. Wilson	1000 Bentalou

VS 150

121a

G74624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. G74624

1. NAME OF DECEASED (Type or Print): William B. COOK
2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 516 N. Monroe Street 20-01

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	C		5/10/1895	54	C	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chemical Worker	Edgewood Arsenal	Baltimore, Md	U.S.A.

13. FATHER'S NAME: Joshua Cook
14. MOTHER'S MAIDEN NAME: Hannah Snowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWI		Mable Cook (W)	516 N. Monroe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular
DUE TO disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/23/49	Balto. Nat'l. Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles G. Cooper — ADDRESS: 51[illegible] Carrollton Ave

VS 151

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G74625 ✓ ✗ 1 G74625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 Dr. Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Elmer Hyson

2. DATE OF DEATH: 5/21/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SBGH

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasadena P. O.
D. STREET ADDRESS (If rural, give location): Cape Sable

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Widowed	Oct. 15, 1879	69 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Maryland	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Amelia Frick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		212-09-9648	Mrs. F. R. McKewin	Cape Sable, Pasadena Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY SCLEROSIS, CANCER
DUE TO
(B) GENERAL ARTERIOSCLEROSIS
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
PULMONARY EMPHYSEMA, SEVERE

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* MAY 20, 1949 *to* MAY 21, 1949 *that I last saw the deceased alive on* MAY 21, 1949 *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	SBGH	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/24/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	[signature] Registrar	WM. J. TICKNER & SONS	Balto., Md.

94a

G74626 — BALTIMORE CITY HEALTH DEPARTMENT — 190 — Registered No. G74626

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): AXEL L. MYKVIST

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 715 S. Bond Street 2 - 0 3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	?	?	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman	Rigger	Sweden	?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
?	?	

17. INFORMANT: W. Frederick — ADDRESS: 715 S. Bond St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Lobar Pneumonia	
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCoccur?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER [X] / MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D.		5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 22-49	BALTIMORE CEMETERY	NORTH AVE & GAY ST MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
MAY 23 1949	Langston Williams, M.D.	Duffy Bro. 1800 E Lombard St.

VS 151

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G74627 G74627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 410 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Anna Brown

2. DATE OF DEATH: May 21 - 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. — B. COUNTY Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-09

c. Length of stay in Baltimore: 7 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 117 S. Washington, Balto 31.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	10-15-21	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phil. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stanley Anuszkiewicz

14. MOTHER'S MAIDEN NAME: Alice Zigmond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Francis L. Brown — ADDRESS: 117 S. Washington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

(B) Rheumatic Mitral Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1949 to May 21, 1949 *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. J. Castellano M. D. — 23B. ADDRESS: Bon Secours Hosp. — 23C. DATE SIGNED: May 21-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: May 24 1949 — 24C. NAME OF CEMETERY OR CREMATORY: Baltimore National — 24D. LOCATION (City, town, or county) (State): Frederick Rd Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949 — REGISTRAR'S SIGNATURE: [illegible] — 25. FUNERAL DIRECTOR: Oppel Bro — ADDRESS: 1800 E Lombard St

VS 150.

926

G74628

G74628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(3)

Registered No. 420.1

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles E. Horner

2. DATE OF DEATH: Mar 22 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4215 Parkmount Ave

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 4215 Parkmount Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Aug 25 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret Watchman	Ret. Police	Balto.	U.S.A.

13. FATHER'S NAME: William C. Horner

14. MOTHER'S MAIDEN NAME: Rachel Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-30-6446	Minnie Horner	4215 Parkmount Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: few months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO: Hypertension — many years
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21, 1949 *to* 5-22, 1949, *that I last saw the deceased alive on* 5-21, 1949, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Max R. English M. D.	5713 Belair Rd.	5-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 25-49	Balto. Cem.	East North Ave

DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1949

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Dippel Bros. — ADDRESS: 7110 Belair Rd.

94a

Dr Leonard
1261 E. North

G74629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74629 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edgar Emmett Mc Grane

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3907 Towanda Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3907 Towanda Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Aug. 27, 1902	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Relief Manager	Motion Pictues	Baltimore, Md.	

13. FATHER'S NAME: William Mc Grane

14. MOTHER'S MAIDEN NAME: Mollie Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mrs. Helen Mc Grane	3907 Towanda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1944 *to* May 21, 1949 *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 5:45 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel [illegible] MD M. D.	[illegible]	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-25-49	Cedar Hill	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5-23-49	[illegible]	Leonard J. Ruck, 5305 Harford Road.

94a

Dr. Haase

Harford G74630 ✓ G74630

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 17°

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Agnes Mathaney

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5207 Plainfield Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4808 Belair Road 7701

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	married	April 2, 1911	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Maryland	

13. FATHER'S NAME: Joseph Rosenberger

14. MOTHER'S MAIDEN NAME: Eva Weiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Hugh R. Mathaney	4808 Belair Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of st. breast
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Generalized sepsis of carcinoma

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 1948	Carcinoma	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. , 1949, *to* May , 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 6.05 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Haase M. D. M. D.	4818 Harford Rd.	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-25-49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Creighton Williams, M.D.	Leonard J. Ruck	5305 Harford Road.

XS 1549

50

Dr. Harhold G74631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74631

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Welsh Flayhart

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3102 Northway Drive
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3102 Northway Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
male	white	married	Aug. 29, 1900	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant		Baltimore, Md.	

13. FATHER'S NAME: William Flayhart

14. MOTHER'S MAIDEN NAME: Belle Welsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs. Helen D. Flayhart,	3102 Northwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) Coronary sclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
Sudden
13 months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 23, 1948 *to* May 22, 1949 *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. T. Harbold M. D.	4706 Harford Road	May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	[illegible]	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	[illegible]	Leonard J. Ruck,	5305 Harford Road.

94a

G74632 BALTIMORE CITY HEALTH DEPARTMENT G74632

CERTIFICATE OF DEATH

Registered No. 4771

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALBERT E. BRUNS

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2612 Roselawn Avenue 27-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	married	July 19-1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Anderson Motors	Balto Md.	

13. FATHER'S NAME: Henry Bruns

14. MOTHER'S MAIDEN NAME: Stallknecht

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Barbara Bruns	2612 Roselawn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* _____ (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Merrill M.D.		5/21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/49	Holy Redeemer	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Leonard J. Luck - 5305	Harford

VS 151

93D

Dr. Stevens
G74633

G74633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Agnes Frank

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2839 Chesterfield Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2839 Chesterfield Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 7, 1878
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryaldn
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clemens Athmann
14. MOTHER'S MAIDEN NAME: Agnes C. Bell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: Joseph H. Frank, Sr. 2839 Chesterfie

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Bronchio Pneumonia	3 da
DUE TO (B)	Cerebral Hemorrhage	1 wk ago
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Uremic Intoxication + Hypertension	2 yrs
	Chronic Interstitial Nephritis	2 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION: No
19B. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949 to May 22, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: S.A. Stevens M.D.
23B. ADDRESS: 2818 Harford Rd
23C. DATE SIGNED: 5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-25-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, Town, or County) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck 5305 Harford Road.

131a

G74634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

450 G74634

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): Harry Boyer

2. DATE OF DEATH: May 20, 1949

3. PLACE OF DEATH
a. Baltimore City, Maryland 2519 E. Madison St.
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, city where last address)
a. STATE: Md.
b. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
STREET ADDRESS (If rural, give location): 2519 E. Madison St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 6, 1892
9. AGE (Last birthday) (If Under 1 Year: Months / Days / Hours / Min. If Under 24 Hours: Hours / Min.): 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Crane Co.
11. BIRTHPLACE (State or Foreign Country): Baltimore, Md.
12. CITIZEN OF (What country?)
13. FATHER'S NAME: Michael Boyer
14. MOTHER'S MAIDEN NAME: Josephine Kurec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-4897
17. INFORMANT — ADDRESS: Mrs. Eva Boyer - 2519 E. Madison St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
'DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)
(A) Heart failure — 3 days
DUE TO
ANTECEDENT CAUSES
(B) Cardiac Asthma.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C) Arteriosclerosis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY (Yes / No)

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give street address)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED: WHILE AT WORK / NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17 1949 to 5/20 1949, that I last saw the deceased alive on 5/20 1949 and that death occurred at 2 p.m. from the causes and on the date stated above.

23a. SIGNATURE: Maurice I Slunt M.D.
23b. ADDRESS: 2431 E Kenwood Ave
23c. DATE SIGNED: 5/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/24/49
24c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24d. LOCATION (City, Town or County): 4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: [illegible] for Wm. [illegible], M.D.
25. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

95c

G74635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200

G74635

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): Etta Dryfoos Kadden

2. DATE OF DEATH: 5-22-49

3. PLACE OF DEATH: A. Baltimore City, Maryland — Women Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Women's Hospital

C. Length of stay in Baltimore: 69 (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2437 Lakeview Ave. 13-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE MARRIED WIDOWED DIVORCED (Specify)
8. DATE OF BIRTH: Dec. 1, 1879
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Myer
14. MOTHER'S MAIDEN NAME: Bettie Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS: Mr Sam Sofka Dyer Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Heart failure
DUE TO
(B) Arteriosclerotic Heart Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 19 49 *to* 5-22-49, 19 , *that I last saw the deceased alive on* 5-22-49 19 , *and that death occurred at* 10:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. Chesley Decker, M.D. M. D.
23B. ADDRESS: Women's Hospital
23C. DATE SIGNED: 5-22-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 24/49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Philadelphia Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Hollington Williams, M.D.
25. FUNERAL DIRECTOR: David Sondheim Son
ADDRESS: 1903 N. Eutaw

937

BIRTH NO. G74636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G74636

1. NAME OF DECEASED (Type or Print): Caroline Zajdel

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. Length of stay in Baltimore: 38 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 434 Marlyn Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 20, 1894
9. AGE (In years last birthday): 55 (If under 1 Year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob Polek
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Leo Zajdel ADDRESS: 434 Marlyn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/25/49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR ADDRESS: John G. Connelly 410 Eastman Ave.

VS 151

83a

G74637 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E812.4 G74637 Registered No.

1. NAME OF DECEASED (Type or Print): Leo Price
2. DATE OF DEATH: May 22, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: 17 days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY St. Mary's
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callaway
D. STREET ADDRESS (If rural, give location)
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 27, 1874
9. AGE (In years last birthday): 74
If under 1 Year: Months Days
If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Mary's Co.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: John A. Price
14. MOTHER'S MAIDEN NAME: Rosie Wheatley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: Unknown
17. INFORMANT: Hospital Record-Deceased ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary embolus
DUE TO
(B) Fractures of both tibiae and fibulae.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO X

21A. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rt. #239 - West of Calloway, Md. St. Mary's Co
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 11, 1949 3:10 P.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
21F. HOW DID INJURY OCCUR?: Pedestrian struck by auto Aut. at Hosp.

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George L. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 5/26/49
24C. NAME OF CEMETERY OR CREMATORY: LITTLE FLOWER
24D. LOCATION (City, town, or county) (State): GREAT MILLS, MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 23 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNIS, JR.
ADDRESS: 725 W. St.

VS 151

170C

G74638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

Registered No. G74638

1. NAME OF DECEASED (Type or Print)	Julius Heim		2. DATE OF DEATH May 22, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Franklin Square Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Baltimore
c. Length of stay in Baltimore	17 yrs. (Yrs. Mos. Days)	D. STREET ADDRESS (If rural, give location)	148 McHall St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Widowed.	Aug. 9- 1872	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Baker.	Bakery.	Germany.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown.	Sophie Yockel.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	None	None	Fred. H. Heim,	Summer's Point. N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic cardio-

DUE TO Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McCafferty M.D		May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial.	May. 24/49.	Western Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Charles J. Schwalz	3512-Frederick - Ave

VS 151

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G74639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443

G74639

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Sarah Levin Levin

2. DATE OF DEATH: May 23 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 246 N Exter st

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 50 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 246 N. Exter St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	W.	1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Russia	

13. FATHER'S NAME: Unkown

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Esther Levin	246 N Exeter St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C. V. D. Syndrome

DUE TO

(C) Anemia.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1 1949 *to* May 21 1949 *that I last saw the deceased alive on* May 21 1949, *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Morris A. Dine M. D.	116 Aisquith St	May 23

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24, 1949	Hebrew Mt Carmel Cem	Baltimore MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Tunstall for Williams, M.D.	Sol Levinson & Bros	W North Ave 1126

VS 150

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434 V

G74640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74640

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH PARK BUCHMAN

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 Venable Ave.

c. Length of stay in Baltimore – Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 419 Venable Ave. 12-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	single	Jan. 7, 1884	65 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Carroll Co., Md.	

13. FATHER'S NAME: Michael Buchman

14. MOTHER'S MAIDEN NAME: Amada E. Wickert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
–		

17. INFORMANT: Mrs. Harriett B. Anderson — ADDRESS: 419 Venable Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Asthenia — Interval between onset and death: 1 hour

DUE TO

(B) Hypertension & Arteriosclerosis — 5 yrs

DUE TO

(C) Enlarged Heart. — 4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 15, 1948 *to* May 22, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dr E. W Moore M. D.	1202 St Paul St	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/24/49	Hampstead Cem.	Hampstead, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	[illegible]	WM. J. TICKNER & SONS	Balto., Md.

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G74641 ✓ BALTIMORE CITY HEALTH DEPARTMENT 331 G74641

BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Thomas Quinn

2. DATE OF DEATH May 22nd 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 423 E. Lehase St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) –

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 423. E Lehase St

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Mar 21st 1871 | 9. AGE (In years last birthday) 77 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blind | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Quinn

14. MOTHER'S MAIDEN NAME Mary Mulroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Miss A. Welch. 423. E. Lehase St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 3 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis — unknown
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION none | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19th. , 1949 *to* May 22nd. , 1949 *that I last saw the deceased alive on* May 21st. , 1949 *and that death occurred at* 4 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE Geo. W. Murgatroyd M.D. | 23B. ADDRESS 401 E. 25th. St. Balto. 18, Md. | 23C. DATE SIGNED 5/23/49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE May 25th 1949 | 24C. NAME OF CEMETERY OR CREMATORY Newleatheridal | 24D. LOCATION (City, town, or county) (State) Fredrick Road

DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Leo F. Leach | ADDRESS 1702 N. Patt. Pk. Ave.

832a

G74642 BALTIMORE CITY HEALTH DEPARTMENT E 8 16 1 G74642
CERTIFICATE OF DEATH
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert M. Reeves N-801

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: ~~24 Yrs.~~ Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 523 N. Castle St. 2-5

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ~~May 13, 1925~~
9. AGE (In years last birthday): 24 (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Davis Chem Corp.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Robert N. Reeves
14. MOTHER'S MAIDEN NAME: Catherine Cheton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO
17. INFORMANT: Jerome Dolivka ADDRESS: 523 N. Castle St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage
DUE TO Fracture of pelvis
(B) Rupture of diaphragm
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rt. #40 White Marsh, 1000 ft. S. of Campbells Rd.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 22, 1949 9 P m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Five way Collision-Auto, Auto, Auto, Auto & Tractor Trailer

22. *I certify that I took charge of the remains described above, held an* ~~Autopsy~~ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McCafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 27,49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore 6, Md.

DATE RECEIVED BY LOCAL REGISTRAR: May 23 1949
REGISTRAR: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Frank Ovach & Son ADDRESS: 900 N. Chester

170 C

G74643 ✓ G74643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5603 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Mary Tuma

2. DATE OF DEATH May 20, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Bon Secours Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

c. Length of stay in Baltimore 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 608½ Belnord Ave

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	April 23	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Bohemia	U.S.A.

13. FATHER'S NAME Joseph Peta

14. MOTHER'S MAIDEN NAME Catherine Charvat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		John Tuma	608½ Belnord Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Toxemia

DUE TO

(B) Strangulated Post operative Hernia

DUE TO

(C) Pulmonary Oedema

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
3/2/49 5/16/49	Strangulated Ventral Hernia	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1, 1949, *to* May 20, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. Thuhler M.D.	Bon Secours Hosp.	5/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 25/49	Holy Redeemer	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 23 1949	Huntington Williams, M.D.	Frank Leach	900 N. Chester

122a

✓ X 433.1

#4644

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74644

Registered No.

1. NAME OF DECEASED (Type or Print) MR. ROBERT TYRIE

2 DATE OF DEATH 5-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSP.

C. Length of stay in Baltimore COCKEYSVILLE MD LIFE 57 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE MARYLAND B COUNTY BALTIMORE
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) COCKEYSVILLE
D STREET ADDRESS (If rural, give location) COCKEYSVILLE MD.

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED	SEPT 30, 1972	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
MASON - CEMETERY MEMORIALS	MEMORIALS	MARYLAND	USA

13. FATHER'S NAME JOHN TYRIE

14 MOTHER'S MAIDEN NAME MARY JANE STUBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
?		MRS RUTH TYRIE	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Emboli — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(B) + Pulmonary Infarction — Multiple emboli
DUE TO
(C) Chronic Auricular Fibrillation — 10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Arteriosclerosis - moderate

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21, 19[illegible] *to* 5-23, 19[illegible], *that I last saw the deceased alive on* 5-23, 1949, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Kenneth M. Smelser M.D.	Mercy Hosp. Balto.	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 27, 1949	St. Joseph's	Texas, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Landon M. Brooks	Sparks, Md

VS 450

82B

74645 G74645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-01 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alfred Francis Nielson

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospitals

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 632 N. Streeper St. 7-01

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 11, 1907

9. AGE (In years last birthday): 41 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10B. KIND OF BUSINESS OR INDUSTRY: Club Bar

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Nielson

14. MOTHER'S MAIDEN NAME: Mary F. Quade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO: 2 12-28-3999

17. INFORMANT: Mary F. Nielson, 632 N. Streeper ADDRESS St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Auto Sy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Julian A. McClafferty M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]

23C. DATE SIGNED: May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/25/49

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Catonsville, Md.

DATE RECEIVED BY: MAY 24 1949

REGISTRAR'S SIGNATURE: Curtis Worthington Williams, M.D.

25. FUNERAL DIRECTOR: [illegible] ADDRESS [illegible]

VS 151

94a

G74646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18

Registered No. G74646

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry H. Heine

2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Cwest Convalscent Home 4703 Hamptnet St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1542 Abbottston St. 9 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Widow	Jan. 6, 1882	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boiler Maker	Railroad B & O	Baltimore, Md.	

13. FATHER'S NAME: Harry Heine

14. MOTHER'S MAIDEN NAME: Elizabeth Sohmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No		LeRoy Heine, 1312 Southview Road.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Bladder Primary site — INTERVAL BETWEEN ONSET AND DEATH: 3/1/48 - 5-22-49 / 1 yrs 2 mos 49

DUE TO

(B) none

DUE TO

(C) none

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 1948	Malignancy	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no	no	no

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 1 , 1948 *to* 5-22-49, 19 , *that I last saw the deceased alive on* 5/19/49, 19 *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. W. Herrmann M. D.	1710 E. 33rd St.	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 24 1949	Huntington Williams, M.D.	William Cook, Inc., 1217 St. Paul St.

VS 150

528

74647

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G74647

1. NAME OF DECEASED (Type or Print): Alice Blanchard
2. DATE OF DEATH: May 23, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland — N. Surg. Hdg.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. / Mos. / Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: D.C.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
D. STREET ADDRESS (If rural, give location): 1914 Alabama Ave
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep
8. DATE OF BIRTH: 1 8 - 2 - 0
9. AGE (In years last birthday): 1/3 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Montgomery
14. MOTHER'S MAIDEN NAME: Lizzie Woods
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	CEREBRAL HEMORRHAGE	1 Hour
DUE TO (B)	INTRACRANIAL ANEURYSM ?	7 Mos.
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION: MAY 21, 1949
19B. MAJOR FINDINGS OF OPERATION: ATROPHY OF BRAIN
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20-, 19 49 *to* 5-23-, 19 49 *that I last saw the deceased alive on* 5-23-, 19 49 *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Green M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): ✓
24B. DATE: 5-24-49
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Washington D. C.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mc Guire Funeral Service
ADDRESS: 1820 9th St. N.W. Wash. 1, D C

VS 150

96

74648 G74648

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Agnes Amelia Unitas

2. DATE OF DEATH 5-21-49

3. PLACE OF DEATH: Womens Hospital
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Hospital for the Women of Maryland

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore-25
D. STREET ADDRESS (If rural, give location) 736 W. Lexington Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	White	Widowed	March 15, 1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Lithuania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anthony Slogeris	Veronica Snepta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Edward J. Unitas	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Chronic glomerulonephritis
DUE TO
(C) Generalized arteriosclerosis with hypertension

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 17, 1949 *to* May 21, 1949 *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 11:55 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Chesley Decker, M.D.	Womens Hospital	5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	May 23-49	Holy Redeemer	Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Joseph Kaminsky Jr.	602 Wood.

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74649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

756

G74649 Registered No.

BIRTH NO. B.C. 49 09059

1. NAME OF DECEASED (Type or Print) Baby Boy Owens

2. DATE OF DEATH May 23 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. 19 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4616 Belair Rd. 7-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White	Child	5-4-49		19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME Peter O. Owens

14. MOTHER'S MAIDEN NAME Pauline Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Intestinal Obstruction

DUE TO

(B) ? Small Bowel Atresia ??

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/10/49	Intestinal Obstruction	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-5 1949 *to* 5-23 1949, *that I last saw the deceased alive on* 5-23 1949 *and that death occurred at* 8 55 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E.O. Goldstein M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5-25-49	Baltimore Cem.	North Ave. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	John C. Melly Inc.	2435 E. Oliver St

VS 150

1579

~~74650~~ BALTIMORE CITY HEALTH DEPARTMENT G74650

CERTIFICATE OF DEATH

BIRTH NO. 4 yr. 1 Registered No.

1. NAME OF DECEASED (Type or Print) Addie V. Beck

2. DATE OF DEATH 5-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1315 N. Milton Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 1310 N. Milton Ave. B. COUNTY 8 03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Female	White	Widowed	March 14 1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Harford Co. Md.	

13. FATHER'S NAME Samuel White

14. MOTHER'S MAIDEN NAME Susan Lilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Helen Jeffers	1335 N. Patterson Pk. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease — 10 yrs

DUE TO

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1937, *to* May 21, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John J Gould M. D.	142 Easton	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-24-49	Baltimore Cem.	North Ave - Rose Lt.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	John C. Miller Inc.	2430 E. Oliver St

VS 150

931

74651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

G74651

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA L. NELSON

2. DATE OF DEATH MAY 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 520 ORKNEY RD.

C. Length of stay in Baltimore LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.
D STREET ADDRESS (If rural, give location) 520 ORKNEY RD. 27-48

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	SINGLE	SEPT. 13 1878	70	8 / 9	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		BALTO. MD.	U.S.

13. FATHER'S NAME ALEXANDER NELSON

14. MOTHER'S MAIDEN NAME ANNA M. REED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		MRS. M.L. NELSON	520 ORKNEY RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, Lung, — INTERVAL BETWEEN ONSET AND DEATH 1948 - Late

DUE TO

(B) Carcinomatosis Right Lung, Both Lungs — 1946 - 1949 / 1946 - 1949

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 22, 1949 8 a. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1947 *to* May 22, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the cause and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward N. Veit M.D.	670 York Rd Balto 12	23 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5-24-1949	PARKWOOD	BALTO. CO. MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	H.W. JENKINS & SONS CO.	4905 YORK RD.

VS 150

471

4652

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

41 G74652

Registered No.

1. NAME OF DECEASED (Type or Print) George E. Adams, Sr. | 2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jenkins Memorial Hospital
c. Length of stay in Baltimore Life Time Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore, Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3954 Wilsby Avenue 9 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male	White	Widowed	July 26, 1867	81	9 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retired		Baltimore, Md.	

13. FATHER'S NAME: John W. Adams

14 MOTHER'S MAIDEN NAME: Mary C. Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No			Geo. E. Adams Jr.	631 Dumbarton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) CARCINOMA TONGUE
DUE TO
B) GENERALIZED ARTERIO-SCLEROSIS
DUE TO
C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1.10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
John W. Shaw M. D.	Jo. Gene Hosp.	5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 25/49	Holy Redeemer	Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Henry Jenkins Son & Co	4906 York Rd

VS 150

458

46-53 BK 127755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74653 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Suey Goon

2. DATE OF DEATH May 22 -1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore 24 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 312 Park Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	Chinese	S	May 1- 1896	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charlie Goon
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT B.C.H. ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculous peritonitis
DUE TO
(B) ruptured psoas abscess
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH: 6mos.?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3- 23- , 1949, *to* 5- 22- , 1949 *that I last saw the deceased alive on* 5- 22- , 1949 *and that death occurred at* 6.30Am *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M.D.
23B. ADDRESS B.C.H., 4940 Eastern Ave.
23C. DATE SIGNED 5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May-24-1949
24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1949
REGISTRAR'S SIGNATURE [signature] for Williams, M.D.
25. FUNERAL DIRECTOR Stewart & Mowen Co.
ADDRESS 108 W. North Ave.

VS 150

16 City #1.

Jones

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74654

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Jones

2. DATE OF DEATH May 22, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1313 Lafayette

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balto B. COUNTY Balto

C. CITY OR TOWN Balto (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 1313 Lafayette Ave

c. Length of stay in Baltimore 5-0 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Colored	Widow	Oct 21st 1880	68 Yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundress		Petersburg Va	

13. FATHER'S NAME Taylor Jones

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Irene Alex R. Boyd ADDRESS 1313 W. Lafayette

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15- 19 49, *to* 5-21 19 49, *that I last saw the deceased alive on* 5-21 19 49 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Mark Curtis M. D.	2130 N. H. Ave	5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	May 26th 1949	Mt Auburn Cmty	Westport Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	[illegible] Washington Williams, M.D.	George T. A. Gibson Sr.	1735 Druid Hill Ave

VS 150

108

VS-128915
7A6.93

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74655

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Smith

2. DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals

C. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D STREET ADDRESS (If rural, give location) 1428 Riggs Ave.

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.
8. DATE OF BIRTH Nov. 28, 1925
9. AGE (In years last birthday) 23 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles John
14. MOTHER'S MAIDEN NAME Derothea Barnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 Eastern Av

MEDICAL CERTIFICATION

CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Hemoptysis	5 Minutes
	DUE TO	Far Advanced Bilateral Pulmonary Tuberculosis	3 Months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pregnacy	6 Months

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1949 *to* 5-20, 1949, *that I last saw the deceased alive on* 5-20, 1949, *and that death occurred at* 9:55 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.
23B. ADDRESS 4940 Eastern Avenue
23C. DATE SIGNED 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/24/1949
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Plc.
24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Halland Funeral Home
ADDRESS 1691 Druid Hill Ave. 13B

VS 150

74656 BALTIMORE CITY HEALTH DEPARTMENT G74656

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martha J. Toogood
2. DATE OF DEATH: May 20, 1949
3. PLACE OF DEATH: Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1239 Argyle Ave.
E. If HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1239 Argyle Ave.
c. Length of stay in Baltimore: 37 Yrs. Mos. Days
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 9, 1875
9. AGE (In years last birthday): 74 — If under 1 Year: Months 0, Days 11 — If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montgomery Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Fisher
14. MOTHER'S MAIDEN NAME: Emma Meeks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bessie Hardwick ADDRESS 1239 Argyle Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration — 30 days

DUE TO

(B) Arteri-sclerotic heart

DUE TO

(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1949, *to* May 20, 1949, *that I last saw the deceased alive on* 5-20, 1949, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. A Pendleton M. D.
23B. ADDRESS: 1723 Druid Hill Ave
23C. DATE SIGNED: 5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 25/1949
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

93

746:57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-1 G746:57 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Bride Sherwood

2. DATE OF DEATH: 5/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1908 E. 28th St
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 1908 E. 28th St 9-06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	widow	3/24/1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Lockwood
14. MOTHER'S MAIDEN NAME: Margaret Bayley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: none
17. INFORMANT: Mr. Allen Sherwood-1908 E.28th. St. (ADDRESS)

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic C.V. disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: C. C. Sulmonetti M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/24/49
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTIMORE - 13, MARYLAND

V9-151

937

74658 BALTIMORE CITY HEALTH DEPARTMENT G74658
CERTIFICATE OF DEATH 44 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHRISTIAN BOHNET
2. DATE OF DEATH 21 MAY 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSP
C. Length of stay in Baltimore: Yrs. Life, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18
D. STREET ADDRESS (If rural, give location) 2536 AISQUITH ST. 9-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
MALE	WHITE	MARRIED	01 MAY 1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AUTO MECHANIC	Fuel Co.	MARYLAND	USA

13. FATHER'S NAME JOHN BOHNET
14. MOTHER'S MAIDEN NAME MARGARET MOORWEIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES NO		WIFE BESSIE BOHNET	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) UREMIA	1 WK +
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE	? YEARS
	DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 16 MAY, 1949, *to* 21 MAY, 1949 *that I last saw the deceased alive on* 21 MAY, 1949 *and that death occurred at* 1:43 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald F. England M. D.	MARYLAND GEN. HOSP	21 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/49	Parkwood cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	[signature]	HENRY SANDER & SONS, INC.	BALTIMORE - 13, MARYLAND

MHD Vs 150

1212

Released from Morgue 5/23/49

G74659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 434.1

G74659

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Viola Wells

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Md. b. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

d. STREET ADDRESS (If rural, give location): 918 Jordan Alley 11-04

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
F	C	Married		44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Queen Ann Co	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
			Clyde Wells - 918 Jordan alley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Congestive Heart Failure — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23a. SIGNATURE	23b. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23c. DATE SIGNED
Emil S. Rapp, M.D.		May 13, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
Buried	5/24/49	Mt. Calvary	Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	A. Halstead	918 E Lexington St Reed Hall Ave

VS 151

G74660 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74660

1. NAME OF DECEASED (Type or Print): James Balding — 2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1012 E. Balto. St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
M	C	Single	Apr. 13 1917	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Portsmouth Va

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Balding

14. MOTHER'S MAIDEN NAME: Fannie Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Alma Shuman ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest, with

DUE TO

(B) laceration of right lung and massive

DUE TO

(C) hemorrhage in right chest cavity.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Howard St. 100 ft. South of Saratoga

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 21, 1949 12 m.

21E. INJURY OCCURRED: Accident [ ] WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Motorcyle into auto & trackless trolley

22. *I certify that I took charge of the remains described above, held an* Autops. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George L. Merrill M.D

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR

23C. DATE SIGNED: May 21, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Shipped

24B. DATE: 5/25/49

24C. NAME OF CEMETERY OR CREMATORY: New York N. Y.

24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: A. Halstead ADDRESS: 918 — Send 1 bill one

VS 151

E 815.5 ?

170 C

G74661

G74661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 46

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Julia Greenberg

2. DATE OF DEATH May 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mount Nursing Home

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount Nursing Home 3702 Nortonia Ave

c. Length of stay in Baltimore 5 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Mount Nursing Home B. COUNTY Nortonia Av

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md

D STREET ADDRESS (If rural, give location) 3702 NOrtonia Ave 15-9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	White	Widow	May 27 1887	71	11 4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
None	None	Germany	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Louis Straus	Straus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Saul Greenberg	Malboro Apt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Renal faiuure — About 3 weeks

DUE TO

(B) Arteriosclerosis — unknown

DUE TO

(C) Arteriosclerosis, generalized — unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT — Bronchopneumonia; Cerebral thrombosis — 3 months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1948 19__, *to* May 23, 19 49 *that I last saw the deceased alive on* May 23 19 49 *and that death occurred at* 6 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Richard S Hahn M. D.	1523 Park Ave (17)	May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 27, 1949	Oakwood	Chicago Ill

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	David Sonnheim Son	1901 Eutaw Place

VS 150

1310

74662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74662

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Temple

2. DATE OF DEATH 5/19/1949

3. PLACE OF DEATH: Baltimore City, Maryland 700 Warner St

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 700 Warner Street

b. Length of stay in Baltimore 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 700 Warner Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Married	1/15/1900	49	4			

10A. USUAL OCCUPATION (Give kind of work, even during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Charles County Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Scribner	Mary Keys

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Hasty Temple	700 Warner St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

(B) Chronic arthritis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10 1949 *to* 5/19, 1949 *that I last saw the deceased alive on* 5/18, 1949, *and that death occurred at* 9 P.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dan Saunders M. D.	1111 W See St	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24, 1949	Mount Auburn Cemetery	Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Joseph A. Lively	601 Pennsylvania

VS 150

930

To be Autopsied

74663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74663 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Miller

2. DATE OF DEATH: 5-20-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSP.

D. STREET ADDRESS (If rural, give location): 747 N. Exeter St

c. Length of stay in Baltimore: Life — 49 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Married	?-?-1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Presser	Tailoring	Balto Md.	USA

13. FATHER'S NAME: Wm. Miller

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Lottie Miller	Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C) Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-16, 1949 *to* 5-20, 1949, *that I last saw the deceased alive on* 5-20, 1949, *and that death occurred at* 2:55 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jerrold M. Sinclair M. D.	Mercy Hosp.	5-20-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	ADDRESS
Burial	5-24-49	Mt Calvery Cem	Brooklyn Md	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Chas O. Wilson	1004 Beatty Ave

VS 150

111c

G74664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74664
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RODELLA MAYS

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: 25 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1623 North Dallas Street 8 06

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
female	colored		Nov. 6 - 90	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		north carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mike Benjamin	Rosa Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Jesse Mays	1623 N. Dallas St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Hillman J. McClafferty M.D.	☐ / ☒ / ☐	May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-24-49	Arbutus Mem	Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Turnington Williams, MD	Elroy D. Wilson	1100 Brantley Ave

VS 151

93D

G74665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Error G74665 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hugo L. Kuehn N-8037 — 2. DATE OF DEATH: May 22, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 2112 Frederick Ave. 20 04

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	single	Aug. 21, 1876	72 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Germany	

13. FATHER'S NAME: - Kuehn

14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	213-10-0008	Mr. Herbert O. Sauer	519 Nottingham Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO Contusion of brain

(B) Fracture, skull

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	20-2 Edmondson Ave & Ashburn St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
Apr. 13, 1949 10:45 P.M.		Pedestrian struck by streetcar

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Sullivan J. McClafferty M.D.		May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/49	Western Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, MD	Wm. J. TICKNER & SONS	Balto., Md.

VS 151

171a

G74666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 983.5 G74666

Registered No. N-854.0

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOTTIE EASTO also Charlotte Easto

2. DATE OF DEATH May 21, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial Hospital

c. Length of stay in Baltimore 15 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 404 Venable Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
female	white	single	March 17, 1923	26 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	Reliable Pharmacy	England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George A. Easto	Charlotte Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
-			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Sub Dural Hemorrhage
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	street	Lanvale and Harford Road

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5 19 49 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Bluntforce

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
William J. McCafferty M.D.		May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/24/49	Moreland Memorial Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 151

168

G74667

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E976.0

G74667
Registered No.

N-853+

1. NAME OF DECEASED (Type or Print): FRED VACCARI

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital (d.o.a.)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 822 W. Pratt Street 18 0 3

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: June 22-1889
9. AGE (In years last birthday): 59 smt. If under 1 Year: Months 10, Days; If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finish
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arzigno Vicenza, Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 135-16-3273
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet wound of brain
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
History of carcinoma of throat

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 822 W. Pratt Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: 5-18-49 or p. m. 5-19-49 a. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Firearm

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 19, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 24-1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd Bal. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: Frank Dellaheer
ADDRESS: 322 S. High St.

VS 151

164c

G74668

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1949 Registered No. G74668

1. NAME OF DECEASED (Type or Print) Sarah Ferrera or FERRERE

2 DATE OF DEATH 5-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md B COUNTY Balto
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 238 S. High St 3 2

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
F	W	M	3-25-1876	73	1 29	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Italy	

13. FATHER'S NAME Simone Galliano

14 MOTHER'S MAIDEN NAME Mary Scolloto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition & Anorexia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Probable Pancreatic ca

DUE TO Gastric cancer

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-19 , 1949 *to* 5-24 , 1949 *that I last saw the deceased alive on* 5-24 , 1949 *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
C. D. Thomas, Jr. M. D.	Mercy Hosp.	5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 27-49	Holy Redeemer Cem	4420 Belair Rd, Balt Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, MD	Frank Della Rocca	322 S. High St

VS 150

461

G74669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74669 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosa Keyes.

2. DATE OF DEATH: 5-19-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 412 N. Carey St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 N. Carey St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 412 N. Carey St.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 412 N. Carey St. 19-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	C	married	Jan. 1, 1898.	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U.S.A.

13. FATHER'S NAME: Munford Bagley.

14. MOTHER'S MAIDEN NAME: Caldonia Bagley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Myra McNeal	63 N. Bruce St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
None	None	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21 1949 to May 19, 1949 that I last saw the deceased alive on May 18 1949, and that death occurred at 2:45 m. from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Gilchrist M.D.	1759 Harlem Ave	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-24-49	Arbutus Memorial Arbutus	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	Mrs Katie R. Williams	Edmondson Ave

VS 150

13B

G74670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74670 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Raymond Upshur

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 904 Harlem Ave

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 4, 1891
9. AGE (In years last birthday): 58
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Upshur
14. MOTHER'S MAIDEN NAME: Ida Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Alice Stewart ADDRESS: 904 Harlem Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma of Lungs
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1948 *to* 3/25/49, 19__, *that I last saw the deceased alive on* 3/25/49 19__ *and that death occurred at* 6 m., *from the causes, and on the date stated above.*

23A. SIGNATURE: Wm. D. Judson M. D.
23B. ADDRESS: 511 N. Johnson St.
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-27-49
24C. NAME OF CEMETERY OR CREMATORY: Massawadol Va.
24D. LOCATION (City, town, or county) (State): Va

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Lehmondale

VS 150

47D

G74671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G74671 Registered No.

1. NAME OF DECEASED (Type or Print): Louis J Peals
2. DATE OF DEATH: 5-21-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Md.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
d. STREET ADDRESS (If rural, give location): 610 Jasper St.

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1929
9. AGE (In years last birthday): 20 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bell Hop.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Preston Lewis
14. MOTHER'S MAIDEN NAME: Elarice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mildred Peals ADDRESS: 610 Jasper St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO
(B) Bronchiectasis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-45-49 *to* 5-21-49, 19 *that I last saw the deceased alive on* 5-21-49, 19 *and that death occurred at* 4:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: M. P. Greene, M. D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/25/49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Brown Cem
24d. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 3224 Edmondson Ave

VS 150

108

G746.72

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 177

G746.72
Registered No.

1. NAME OF DECEASED (Type or Print): Howard Yearley

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH: Baltimore City, Maryland — Bur 2 - Ward

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8 C 4
D. STREET ADDRESS (If rural, give location): 1510 N. Patterson Park Ave

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 8 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	7-31-68	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		md	

13. FATHER'S NAME: John W. Yearley

14. MOTHER'S MAIDEN NAME: Henrietta Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS: JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

(B) Prostatic Carcinoma

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-29-49	Carcinoma of the Prostate	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-31- 19 49 *to* 5-23- 19 49 *that I last saw the deceased alive on* 5-23- 19 49 *and that death occurred at* 1:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. A. Kelly M.D. M. D.	JOHNS HOPKINS HOSPITAL	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/49	Baltimore Cem.	Balto.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, MD	Thos. J. Kerrigan Sons	2324 Orleans St

VS 150

51R

G74673 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 41

Registered No. G74673

1. NAME OF DECEASED (Type or Print): Anthony Massa

2. DATE OF DEATH: May 23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp.

C. Length of stay in Baltimore: 10yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 219 Balto. Ave.
B. COUNTY Balto. Co
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Dundalk Md.
D. STREET ADDRESS (If rural, give location): 219 Balto. Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel

14. MOTHER'S MAIDEN NAME: Martina Cabras

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: John Bianchi 219 Balto. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation 1 hr. — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Bronchial Asthma 5 yrs — DUE TO

(C) — DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10 49 to 5-23, 1949 *that I last saw the deceased alive on* 5-23, 1949 *and that death occurred at* 7:15 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Eugene F Nuss M. D.

23B. ADDRESS: Dundalk Md

23C. DATE SIGNED: 5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 27/49

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

FUNERAL DIRECTOR: Chas. Stewart Sons ADDRESS: 2024 Orleans St.

VS 150

112

G74674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74674 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES DOUGLAS

2. DATE OF DEATH: May 13, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 107 W. 25th Street 12-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	?	4-14-02	47				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Md.	

13. FATHER'S NAME: Charles Douglas, Sr.

14. MOTHER'S MAIDEN NAME: Mary Edward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Walter Douglas,	903 N. Spring Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: William J. McDaffarty M.D. | 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ | 23C. DATE SIGNED: 5-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/24/1949	Mt Calvary Cem	A A. Co

DATE RECEIVED BY LOCAL REGISTRAR: VS MAY 24 1949

REGISTRAR'S SIGNATURE: Livingston Williams, MD

25. FUNERAL DIRECTOR: Raynor Sanders ADDRESS: 1412 E. Preston St

G74675 Stephens

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 G74675 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Stephens

2. DATE OF DEATH May 21- 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 205 N. Monford ave

c. Length of stay in Baltimore 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 205 N. Monford ave

5. SEX Female | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Oct 15- 1873 | 9. AGE (In years last birthday) 75 76 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Henry Cane | 14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT William Stephens | ADDRESS 205 N. Monford ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Disease | INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May [illegible], 19[illegible], to May 21, 19[illegible], *that I last saw the deceased alive on* May 16, 19[illegible] *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE William Irey M. D. | 23B ADDRESS 1725 Penna Ave | 23C. DATE SIGNED 5/23/[illegible]9

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/24/1949 | 24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem | 24D LOCATION (City, town, or county) (State) A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Rayner Sanders | ADDRESS 1412 E Preston St

VS 150

93D

G746:6
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

231 Registered No. G746:6

1. NAME OF DECEASED (Type or Print): Mrs. Rose E. Anderton
2. DATE OF DEATH: May 22 - 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland
Baltimore,
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
c. Length of stay in Baltimore: wife — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY: Balto
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto,
d. STREET ADDRESS (If rural, give location): 1629 E. Oliver St. 8-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1/12
9. AGE (In years): About 73 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas. Hopkins
14. MOTHER'S MAIDEN NAME: Anna Joyce.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frank Anderton — ADDRESS: 3113 Lawnview Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertension
DUE TO
(C) Arteriosclerosis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1949 *to* May 22, 1949 *that I last saw the deceased alive on* May 22, 1949 *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. J. Castellano, M. D.
23B ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: May 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/25/49
24C. NAME OF CEMETERY ~~or CREMATORY~~: New Cathedral
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Tuttington Williams, MD
25. FUNERAL DIRECTOR: H. W. Meeks and Son — ADDRESS: 805 N. Calvert St

MAY 25 150

83a

G746:7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G746:7

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM H BRENNAN

2. DATE OF DEATH May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hosp.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 113 E. West Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	W	Single	5/9/98	51	0 / 14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	City Fire Dept.	Baltimore Md.	

13. FATHER'S NAME Thomas F. Brennan

14. MOTHER'S MAIDEN NAME Mary Anna Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	—	—	Mrs. Mary Turner	113 E. West St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 4½ hours
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/22, 1949 *to* 5/23, 1949 *that I last saw the deceased alive on* 5/22, 1949, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
Bobby L. Jones M.D.	Franklin Square Hosp	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 27-49	Western Cemetery	Edmondson + Longwood Rds

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Lington Williams, MD	Eliz Hoyle, Jr.	115 E. West St

VS 150

94a

G74678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74678

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA LAWLESS

2. DATE OF DEATH 5-23-49

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FRANKLIN Sq HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MARYLAND b. COUNTY BALTIMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
d. STREET ADDRESS (If rural, give location) 1953 W Fayette

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	M	11-17-1890	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		MARYLAND	US

13. FATHER'S NAME JOHN LAWLESS

14. MOTHER'S MAIDEN NAME MARY McKEOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		MARY LAWLESS	1953 W FAYETTE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY EMBOLISM

DUE TO

(B) Thrombophlebitis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute Cholecystitis; Cholecystostomy

INTERVAL BETWEEN ONSET AND DEATH: 10 Mos

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-12-49	Acute Cholecystitis	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-11, 1949 *to* 5-23, 1949, *that I last saw the deceased alive on* 5-23, 1949, *and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph B. Babcock Jr. M. D.	Franklin Sq. Hospital	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/27/49	New Cathedral Cem	4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, MD	John J. Govan & Son	Hollins St

VS 150

1270

G746.9 — BALTIMORE CITY HEALTH DEPARTMENT — G746.9

CERTIFICATE OF DEATH

33

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): Mr. Patrick Hasson

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hosp.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 716 S. Fulton Ave 19-04

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/15/1858
9. AGE (In years last birthday): 90
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Neal Hasson
14. MOTHER'S MAIDEN NAME: Mary Golfer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Miss Mary Hasson ADDRESS: 716 Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized Arteriosclerosis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypotension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/25/1948 *to* 5/24/1949 *that I last saw the deceased alive on* 5/23/1949 *and that death occurred at* 6 45 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: D. Ahrohler M. D.
23B. ADDRESS: Bon Secours Hosp
23C. DATE SIGNED: 5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/27/49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Edmondson
ADDRESS: 908 Hollins St.

VS 150

836

674680

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 674680

1. NAME OF DECEASED (Type or Print) EMMA R. GREEN

2. DATE OF DEATH 5-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore 42 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.
D. STREET ADDRESS (If rural, give location) 32 S. Poppleton St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed	July 28 - 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Millington Md.	

13. FATHER'S NAME Joseph R Green

14. MOTHER'S MAIDEN NAME Elizabeth Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mrs Esther Amos	Clayton Del

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Arteriosclerosis C.V. disease	?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-22 1949, *to* 5-23, 1949 *that I last saw the deceased alive on* 5-23, 1949 *and that death occurred at* 6 35 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
W. Alfred Goldenberg M. D.	University Hosp	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BORIAL	5/25/49	O.D. Fellows Cem	Smyrna Del

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Lustrator Williams M.D.	Wallis Amoran	1008 Baltimore St.

VS 150

93D

G74681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 r 1

G74681 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK A. HILTON

2. DATE OF DEATH May 22, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore — Yrs. Mos. Days

d. STREET ADDRESS (If rural, give location) 2300 West Lanvale Street 1605

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Widowed	Unknown	Abt 70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel A. Hilton

14. MOTHER'S MAIDEN NAME Katie E. Armold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS Balto. St.
Mr. E. Willis Lamoreau, 1003 "

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 26, 1949

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR E. Willis Lamoreau

ADDRESS 4510 Liberty Hgts. Ave.

93D

VS 151

Cause age if special. Important: Physician: please write the cause of death clearly and legibly.

G74682 45.0 ✓ G74682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM M SANDERS

2. DATE OF DEATH 23 MAY 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WEST BALTIMORE GENERAL HOSPITAL
C. Length of stay in Baltimore 70 Yrs. XXX XXX

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 4103 BOARMAN AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
MALE	WHITE	widowed	26 OCTOBER 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PENSIONED	Printing est.	MARYLAND	USA

13. FATHER'S NAME William R. Sanders

14. MOTHER'S MAIDEN NAME Sarah Jane Reushaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
	216-07-0036-A	Mrs. Paul H. Summers, 2501 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Mesenteric Thrombosis	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Arteriosclerosis, generalized	
	DUE TO (C) Emaciation	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 20 MAY 19 49, *to* 23 MAY 19 49, *that I last saw the deceased alive on* 22 May 19 49, *and that death occurred at* 1 PM m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	West Balt. Gen. Hosp.	23 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 25, 1949	Woodlawn Cemetery	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, M.D.	[signature]	4510 Liberty Heights Ave.

MAY 24 1949

99

G74683 ✓ 49-H G74683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

19 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRED · BECKTEL

2. DATE OF DEATH: 5/23/49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 26 C1
D. STREET ADDRESS (If rural, give location): 5919 Belair Rd

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Widower	June 7 '91	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothing Cutter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO: 215-01-8692

17. INFORMANT: Mrs. Rudroff ADDRESS: 5919 Belair Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

(B) primary site unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8 19 49 *to* 5/23 19 49, *that I last saw the deceased alive on* 5/23 19 49 *and that death occurred at* 2:55 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles J. Blasko, M. D.

23B. ADDRESS: Maryland General

23C. DATE SIGNED: 5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5-26-49

24C. NAME OF CEMETERY OR CREMATORY: Mount Carmel Cemetery

24D. LOCATION (City, town, or county) (State): O'Donnell Strrrt

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Albert L. Hitz ADDRESS: 1606 N. Chester St

VS 150

55E

G74684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

G74684 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha Lurenia Cager

2. DATE OF DEATH: May 23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808 N. Bond St
c. Length of stay in Baltimore: 60 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 808 N. Bond St

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	Col.	Widow	Sept 8 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		Talbot Co Md	

13. FATHER'S NAME: Lorge Clarkson

14 MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
—			Gertrude Clark	808 N. Bond

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemorrhage	7 days
DUE TO (B)	hypertension	3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Diabetes Mellitus	3 yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12-, 1948, *to* 5-22-, 1949 *that I last saw the deceased alive on* 5-21, 1949 *and that death occurred at* 2:55 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
R. W. McDaniel M.D.	807 N. Caroline St.	5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 28 49	Mt Calvary	Balto County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Huntington Williams, MD	Mrs J. H. G. Elliott & Son	61 1124 N Eastern Ave

VS 150

G74685 — BALTIMORE CITY HEALTH DEPARTMENT — G74685

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): Margaret E Harris

2. DATE OF DEATH: May 22/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 250 No Strathmore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE — B. COUNTY: 4309 Newport Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore: Yrs. Life — Mos. — Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	married	Oct 22 1904	44	7			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm A Cungeman

14. MOTHER'S MAIDEN NAME: Mary E Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT — ADDRESS: Raymond W Harris 4309 Newpo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Myeloma — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 7 mo.

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1949 *to* May 22 1949, *that I last saw the deceased alive on* 5/22, 1949, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Walter E Taylor M.D. — 23B. ADDRESS: 4331 Harford Rd — 23C. DATE SIGNED: 5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 5/26/49 — 24C. NAME OF CEMETERY OR CREMATORY: Loudon Park — 24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, MD — 25. FUNERAL DIRECTOR: Ulbrich Funeral Home — ADDRESS: 390 Eutaw St

55E

G74686

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1949

Registered No. G74686

1. NAME OF DECEASED (Type or Print) Margaret Darby

2. DATE OF DEATH 5-23-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2125 N Calvert Street.

c. Length of stay in Baltimore 7 Yrs. 8 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY —
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland.
D STREET ADDRESS (If rural, give location) 2125 N Calvert Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Married	Oct. 30, 1904	44 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	—	Atlanta Georgia.	U.S.A.

13. FATHER'S NAME: James Craft.

14. MOTHER'S MAIDEN NAME: Ada P. Kay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT: Marie Gilbert — ADDRESS: 2125 N Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma - Cervix — INTERVAL BETWEEN ONSET AND DEATH: 11 Mos.
DUE TO
(B) Carcinoma Tonis.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
August 1948	Carcinoma Cervix	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* October 15 1948 *to* May 23, 1949 *that I last saw the deceased alive on* May 23, 1949 *and that death occurred at* 10:45 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Eugene L Culley M.D.	2128 N. Calvert Street	May 23/1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5.24.49		Centerline, Mich.

DATE RECEIVED BY LOCAL REGISTRAR May 24 1949 — REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

48a

G74687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 G74687
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elva Birckett

2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH: Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
COUNTY 335 N Calhoun St.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 19-01

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 335 N. Calhoun St

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore ✓ Yrs. Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	C	married	3/18/89	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	—	Arundel Co Md	Yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Spencer	Sara Richards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Thelma Weaver	335 N Calhoun St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH 5/22/49 (7 2/12 Hrs) 2 hrs
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
	None	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 21, 1949 *to* May 21, 1949 *that I last saw the deceased alive on* ____ 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. Wellesley Lee M.D.	113 N Eutaw	5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24-1949	Mt Calvary Cemetery	A A Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	NAME OF FUNERAL DIRECTOR	ADDRESS
MAY 24 1949	Hamilton Williams, M.D.	Robt T Williams	1515 McCulloh St

83a

G74688

587.0

G74688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL JOYCE

2. DATE OF DEATH 5/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore 8 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 2514 E. Preston St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	July 1, 1896	52	10 23	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender		Pennsylvania	USA

13. FATHER'S NAME Richard Joyce

14. MOTHER'S MAIDEN NAME Catherine Marley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT Hosp. records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute cardiovascular renal failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Asthmatic bronchitis

INTERVAL BETWEEN ONSET AND DEATH Several weeks

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/18/49	Pancreatitis, plastic peritonitis	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/18/49 19__, *to* 5/24/49 19__, *that I last saw the deceased alive on* 5/24, 1949, *and that death occurred at* 1:50 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. Siwinski M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5/28/49	St. Joseph's Cem.	Scranton, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, M.D.	Charles L. Zeiler	901 Stockton St.

VS 150

128

G74689 570.5 ✓ G74689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Shannon, Mrs. Susie

2. DATE OF DEATH: 5-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home and Hospital
c. Length of stay in Baltimore: 78 (Yrs.) (Mos.) (Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2222 East Biddle Street E. 4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widowed	Nov. 4, 1870	78 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore	U.S.

13. FATHER'S NAME: Robert Woodward

14. MOTHER'S MAIDEN NAME: Mary Grisby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		V. Keefer - Church Home and Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Nephritis c
DUE TO old arteriosclerotic scarring of kidneys

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-17-49	Partial Intestinal Obstruction due to Adhesions	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-29, 1949, *to* 5-23, 1949 *that I last saw the deceased alive on* 5-23 1949, *and that death occurred at* 7:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
T. Leary Harris M. D.	Church Home and Hospital	5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/26	London Park	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Burial MAY 25 1949	Huntington Williams, M.D.	Wilhoyte & Son	1219 E. Pond St

97

G74690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 3 Registered No. G74690

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lenora Dell

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4331 Park Heights Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 4331 Park Heights Avenue 5-13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
female	white	widowed	Oct. 20, 1868	80	7 / 4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Frederick, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Metcalf	Catherine Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no		Mrs. Emma Barnard, 4331 Park Heights Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about 5 min.

DUE TO

(B) Carcinoma of uterus with metastases — years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* January 1948 *to* May, 1949 *that I last saw the deceased alive on* May 24, 1949 *and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis R. Maas M. D.	4335 Park Heights Ave	5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	5/27/49	Druid Ridge Cemetery	Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 25 1949	Huntington Williams, M.D.	Wm. Cook, Inc., 1217 St. Paul Street

VS 150

48 D

74691
JE - 89498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74691 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Cox

2. DATE OF DEATH 5-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore 4 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 133 S. Poppleton St.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 13, 1906 ?
9. AGE (In years last birthday) 43 ? (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George A. Cox
14. MOTHER'S MAIDEN NAME Margaret Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT B. C. H. Records, 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary tuberculosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Amyotrophic lateral sclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES Yes NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-23-44, 19..., to May 23, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 6.30 PM, *from the causes and on the date stated above.*

23A. SIGNATURE T. S. Cozzens M. D.
23B. ADDRESS 4940 Eastern Ave
23C. DATE SIGNED 5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/26/49
24C. NAME OF CEMETERY OR CREMATORY Mt Olivet
24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR Milburn Col Inc
ADDRESS 1217 E Pratt St

VS 150

13B

74692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74692

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Vitale Victor Kotlarov

2. DATE OF DEATH: April 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 310 S. Sharp St. 22-07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
M	W			57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis
DUE TO acute pulmonary edema.
(B)
DUE TO
(C)

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George B. Merrill M.D.		April 29, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	MAY 16 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	[redacted] OF HEALTH	ADDRESS
MAY 25 1949	Huntington Williams, M.D.		

VS 151

94a

H74693 ✓ H74693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

H10 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARION SCHWARTZMAN
2. DATE OF DEATH: 5-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MARYLAND
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D STREET ADDRESS (If rural, give location): 2351 EUTAW PLACE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
FEMALE	WHITE	DIVORCED	1909	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	BALTIMORE MARYLAND	U.S.

13. FATHER'S NAME: ABRAHAM CAPLAN
14. MOTHER'S MAIDEN NAME: IDA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		MRS. J. GREENFELD	HILLCREST APTS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Cardiovascular Disease due to Mitral Stenosis, Congestive

(B) Failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 9 YRS.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* MAY 1, 1949 *to* MAY 24, 1949 *that I last saw the deceased alive on* MAY 24, 1949, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. Carl Ebeling III M.D.	University Hospital	5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-25-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		Jack Lewis Inc	2100 Eutaw Place

VS 150

92B

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74694

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie Wallace

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1106 Monroe St. 16 04

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 9/15/1892
9. AGE (In years last birthday): 56 57 — If under 1 Year: Months / Days — If under 1 Day: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Comnty Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Wallace
14. MOTHER'S MAIDEN NAME: Arabelle ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT — ADDRESS: Annie Rawlings -836 Warmer St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: May 23 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/27/49
24C. NAME OF CEMETERY OR CREMATORY: My Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: S. L. Brown & Son 1087 W. Monument St.

VS 151

935

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G74695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331 Registered No. G74695

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Katie Lambert

2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctors, Hospital

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 518 Middle River, Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	3/9/1890	59 58	2 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Bausch
14. MOTHER'S MAIDEN NAME Katie Bausch Rose Cottrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT 518 Middle River Rd. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage, Spontaneous — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertension & Arteriosclerosis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION none
19B. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) no
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 18, 1949 to May 22, 1949 that I last saw the deceased alive on May 21, 1949 and that death occurred at 8 a m., from the causes and on the date stated above.

23A. SIGNATURE Thomas R Beeh M. D.
23B. ADDRESS 901 Fuselage Av Baltimore 20
23C. DATE SIGNED 5 23 49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial
24B. DATE 5/25/49
24C. NAME OF CEMETERY OR CREMATORY Schwartz
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR Lasasha Funeral Home ADDRESS 7401 Belair Rd.

VS 150

83a

G74696

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

00 ✓

G74696 Registered No.

1. NAME OF DECEASED (Type or Print): Thomas Martin

2. DATE OF DEATH: 5 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1024 E. Chase St.

C. CITY OR TOWN: K (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): U 10-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White		N	47?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	4yrs.
	DUE TO	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Hammer Jr. M.D		5 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL MAY 16 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 151

13 B

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 8 12 · 4 G74697 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM THOMAS MARTIN N-803-7

2. DATE OF DEATH: May 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 663 W. Fairmount Avenue 4-02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored			65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Unknown		Unknown	

13. FATHER'S NAME: Unknown

14 MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT ADDRESS

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture, skull

DUE TO

Contusion, brain

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 7th St. Nr. Gay St., Sparrows Pt., Md

21D TIME OF INJURY (Month) (Day) (Year) (Hour): April 14, 1949 10:15 Pm

21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F HOW DID INJURY OCCUR? Pedestrian struck by auto

22 *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William J. McClafferty M.D.

23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C DATE SIGNED: 5-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL MAY 16 1949

24D LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: Commissioner of Health

ADDRESS

VS. Form

170 C

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74698 BIRTH NO. M-3385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E81-4 G74698

1. NAME OF DECEASED (Type or Print): CHARLOTTE HILL — N-813 — 2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 823 Edmondson Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	Colored	WSL E		3		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	-----	Maryland	U.S.A.

13. FATHER'S NAME: Robert Hill
14. MOTHER'S MAIDEN NAME: Ernestine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
		Mrs Ernestine Hill, 823 Edmondson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Comminuted depressed fracture of
DUE TO Skull
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	Bruce St. & Edmondson Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 23, 1949 11 45 A. m.	WHILE AT WORK ☐ NOT WHILE AT WORK X	Ped. struck by truck

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER X / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Wm. J. McCafferty per H.H. Neill M.D		May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-26-49	Mt. Auburn Cem	Baltimore. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Lentington Williams, MD	M.D. Frances A. Hemsley	W. Biddle St

VS 151

correct age is especially important. Physician, please write the cause of death clearly and legibly.

170C

G74699

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74699

Registered No.

1. NAME OF DECEASED (Type or Print): Anna May McClelland

2. DATE OF DEATH: 24 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital (DOA)

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 2632 Maunsell Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	January 10, 1897	52	4 / 18	- / -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Chatterton	Annie Cahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	None	William McClelland	2632 Maunsell Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO

ANTECEDENT CAUSES

II — DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m		

22 *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D.		24 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-27-49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Tuntington Williams, M.D.	George L. Schwab	2101 Madison Ave. Balto. Md.

VS 1951

94a

Please write the cause of death clearly and legibly. Physician: please write exact age if especially important.

G74700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

1949 Registered No. G74700

1. NAME OF DECEASED (Type or Print): Mrs. Marion P. Meyls

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home, 6000 Bellona Avenue

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1209 Morling Avenue

12-68

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 13, 1897
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Edward A. Watts
14. MOTHER'S MAIDEN NAME: Lydia Kelbaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-09-8784
17. INFORMANT: Lewis O. Meyls — ADDRESS: 1209 Morling Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cirrhosis of Liver

DUE TO
(B) Carcinoma of Breast, mets

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1 Month

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1947 *to* May 24, 1949, *that I last saw the deceased alive* May 24, 1949, *and that death occurred at* 2:35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: D. Rehrmann M.D.
23B. ADDRESS: 112 W. 25th St.
23C. DATE SIGNED: May 25.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 26, 1949
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road

VS 150

50

Please write the cause of death clearly and legibly. Physician: please write in ink. Correct age is especially important.

G74701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33

Registered No. G74701

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Noah Martin

2. DATE OF DEATH May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3853 Falls Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3853 Falls Road

1207

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Nov 11, 1872
9. AGE (In years last birthday) 76 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gardner
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Noah Martin
14. MOTHER'S MAIDEN NAME Mary E. Merryman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Mrs. Helen Shaeffer ADDRESS 3853 Falls Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 2 weeks

DUE TO

(B) Generalized arteriosclerosis — many years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* Jan 10, 1949 *to* May 23, 1949 *that I last saw the deceased alive on* May 21, 1949 *and that death occurred at* 2:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Jerome Wallenstein, M. D.
23B. ADDRESS 848 W 36th St
23C. DATE SIGNED 5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 26/49
24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden
24D. LOCATION (City, town, or county) (State) Roland Ave Md

DATE RECEIVED BY REGISTRAR MAY 25 1949
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Austin E. Donovan ADDRESS 3638 Roland Ave

VS 150

83B

G74702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581.0

G74702 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HESTER LONG WARFEL

2. DATE OF DEATH: 5/24/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: 1½ years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3920 Cloverhill Rd. 12-01

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Jan. 6, [illegible] | 9. AGE (In years last birthday): 72 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Wickaville, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID (?) LONG

14. MOTHER'S MAIDEN NAME: Mary STOCKING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: DAUGHTER — Mrs. S. Harvey Porter (same address)

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: Intermittent for a week Constant for 20 hrs.

DUE TO

(B) Laennec's cirrhosis of the liver — years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/23/49, 19__, *to* 5/27/49 19__, *that I last saw the deceased alive on* 5/27/49 19__, *and that death occurred at* 6.05 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. F. Coffey M.D.

23B. ADDRESS: Union Memorial Hospital

23C. DATE SIGNED: 5/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24B. DATE: May 26-49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemy

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949

REGISTRAR'S SIGNATURE: Tuttington Williams, M.D.

25. FUNERAL DIRECTOR: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

VS 150

124a

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly.

G74703 332 + 331 G74703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS CAMERON HUNTER

2. DATE OF DEATH 5/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18 12-2
D. STREET ADDRESS (If rural, give location) Greenmount Ave. opp. 612; Preston & 34th Sts.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	MARRIED	May 11 1865	84	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	—	MARYLAND	U.S.A.

13. FATHER'S NAME: THOMAS V. HUNTER

14. MOTHER'S MAIDEN NAME: MARY CAMERON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	UMH RECORDS	

MEDICAL CERTIFICATION

(Correct age is especially important. Physician: please write the cause of death clearly and legibly.)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Generalized arteriosclerosis — years
DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/5/49, 19, *to* 5/23/49, 19, *that I last saw the deceased alive on* 5/23/, 1949, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
W. F. Coy M.D.	UNION MEMORIAL HOSPITAL	5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	May 28/49	Lemon Corner.	White Hall Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Lexington Williams, M.D.	John O. Mitchell & Sons	1900 Eastern Ave

VS 150

830

G74704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 7 7 9 8 G74704 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EUGENE · PEARSON — N-990

2. DATE OF DEATH May 21, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gwynns Falls Found: Clair & Annapolis Road

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 913 South Green Street 2202

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
male	colored	married	October 1918	31				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Baltimore, Maryland	

13. FATHER'S NAME: Hamit Pearson

14 MOTHER'S MAIDEN NAME: Viola Wills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Hamit Pearson	Route 5 Box 28 Manning, S. C.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Gwynns Falls

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found: Gwynns Falls, Clair & Annapolis Rd.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Found: 5 21 49 5 p m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Probable accidental drowning 25/3

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].* probable

23A. SIGNATURE William J. McClafferty M D

23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C DATE SIGNED May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 25 49	Mt Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Isaiah L. Bronson — ADDRESS: 108 W Montgomery St

VS 151

183

Please write the cause of death clearly and legibly. Physician: please write exact age if important.

G74705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74705

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN SCHMIDT

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1110 Overbrook Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec 19 1845
9. AGE (Years last birthday): 53 54
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Adolph Schmidt
14. MOTHER'S MAIDEN NAME: Bertha Bank
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Ida Schmidt ADDRESS: 1110 Overbrook Rd

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Crushed head
~~XXXX~~ Crushed chest
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): North & Fulton Avenue 15 4
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 24, 1949 8:23A m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto crushed between two street-cars

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 27 1949
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Curtis Williams, M.D.
25. FUNERAL DIRECTOR: John C. Moran ADDRESS: 3000 E Baltimore St

VS 151

1711a

Please write the cause of death clearly and legibly. Physician: please specify important. Correct age is especially important.

G74706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Dist. No. 1 G74706 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE H. SMITH

2. DATE OF DEATH: May 23 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 111 N. Kenwood Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 111 N. Kenwood Ave Balto. Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.

c. Length of stay in Baltimore: Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 111 N. Kenwood Ave 6 01

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 22, 1887

9. AGE (In years last birthday): 62 If under 1 year: Months Days. If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? Baltimore Md

13. FATHER'S NAME: Adam C. Smith

14. MOTHER'S MAIDEN NAME: Elizabeth A. Backa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Charles A. Smith ADDRESS 56 Bentalou Rd Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

(B) Coronary Sclerosis — chronic

DUE TO

(C) Nephro-Sclerosis — "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1939 *to* May 23, 1949 *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 11:45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis J. Ayd M. D.

23B. ADDRESS: 2005 E. Monument St

23C. DATE SIGNED: May 24, 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 27 1949

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John A. Moran ADDRESS 3000 Eastern Ave

VS 150

131a

74707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74707 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Lee Deiter

2. DATE OF DEATH: May 22 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 21 N Potomac St Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 21 N Potomac St

c. Length of stay in Baltimore: Life Yrs. Mos. Days 6 0 1

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: Nov 15 1871

9. AGE (In years last birthday): 77 78 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward G Delphish

14. MOTHER'S MAIDEN NAME: Sarah Dubois

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary M. Ryan ADDRESS: 21 N Potomac St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

DUE TO

(B) Chronic Myocarditis — 5 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* [illegible] 1949 *to* May 22, 1949, *that I last saw the deceased alive on* May 22, 1949, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23A. SIGNATURE: C Gill Hall Md M. D.

23B. ADDRESS: 1631 E Northern

23C. DATE SIGNED: May 23-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: May 27 1949

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Ca

24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John A Horan ADDRESS: 3000 Back St

VS 150

93D

G74708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G74708

BIRTH NO. G74708 — Registered No.

1. NAME OF DECEASED (Type or Print): Kunkel, Miss Sophia Fredericka

2. DATE OF DEATH: May 23 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home For Incurables - 700 W. 40th St.

c. Length of stay in Baltimore: Yrs. life; Mos.; Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside city, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3915 W. Cold Spring Lane — 15 - 10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White	Single	Nov. 27, 1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Henry C. Kunkel

14. MOTHER'S MAIDEN NAME: Margaretha Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
none	no	none	Laura E. Fischer	Home For Incurables

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 years

DUE TO

(B) Poliomyelitis (Right Lower Leg) — 73 years

DUE TO

(C) Hypertensive Cardio-Vascular Disease — 8 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 18 1949 *to* March 23, 1949, *that I last saw the deceased alive on* March 23, 1949, *and that death occurred at* 7 15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. Grafton Hunsperger, M.D.	214 Medical Arts Bldg.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	5/26/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

Physician please write the cause of death clearly and legibly. Correct age is especially important.

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G74709 ✓ G74709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RICHARD HENRY CAMPBELL

2. DATE OF DEATH: MAY 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1322 E.BELVEDERE AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1322 E.BELVEDERE AVE 7-38

5. SEX: MALE
6. COLOR or RACE: WHITE
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 6,1881
9. AGE (In years last birthday): 67
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MASTER MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: RUSTLESS IRON & STEEL CO.
11. BIRTHPLACE (State or foreign country): PORT HURON, MICHIGAN
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH D.CAMPBELL
14. MOTHER'S MAIDEN NAME: ELIZABETH M.MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS.RICHARD H.CAMPBELL.1322 E.BELVEDERE AVE. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
(B) Hypertensive Cardio - Renal Vascular Disease — 14 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* Sept, 1945, *to* May, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard O'Donnell M.D.
23B ADDRESS: 9301 York Rd
23C. DATE SIGNED: 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24B DATE: MAY 25,1949
24C NAME OF CEMETERY OR CREMATORY: MORNINGSIDE
24D LOCATION (City, town, or county) (State): SYRACUSE, NEW YORK, N.Y.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR AND ADDRESS: Wm.J.TICKNER &SONS, NORTH & PA.AVES., BALTIMORE, MARYLAND.

VS 150

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Please write the cause of death clearly and legibly. Physician's signature is especially important.

G74710 ✓ G74710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1720

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILTON LAWRENCE LAQUE

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 920 St. Paul St.
C. Length of stay in Baltimore: 11 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2611 Garrison Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.
male	white	married	Mar. 30, 1906	43 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman	Gerrard Steel Strapping Co.	Boutte, Louisiana	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilton L. Laque	Katherine Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Mrs. Augusta Ann Laque	2611 Garrison Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	1 hr
DUE TO (B)	Coronary Sclerosis	18 mos.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST — DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 10, 1948 *to* May 23, 1949, *that I last saw the deceased alive on* 23 May, 1949, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. E. Wise, M.D.	920 St. Paul St	23 May '49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (If in, town or county) (State)
Removal	May 25 1949		New Orleans, La.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Lucius Williams, M.D. Registrar	WM. J. TICKNER & SONS	Balto., Md.

94a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No. 1 G74711 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William B. Cantwell

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 216 S. Vincent St. 19 24

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 22, 1891
9. AGE (In years last birthday): 58 (If under 1 year: Months Days; If under 24 hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Cantwell
14. MOTHER'S MAIDEN NAME: Sarah Kaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 215-12-3510
17. INFORMANT: Julia Milesky ADDRESS: 210 S. Vincent St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Artery Disease.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wilton J. McCafferty M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C DATE SIGNED: May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 27 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jos. B. McWilliams

94a

c. Next of kin is especially important. Physician: please write the cause of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G74712 — 143 — G74712 Registered No.

1. NAME OF DECEASED (Type or Print): Hattie V. Brown (Mayo)

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1702 Llewelyn Ave.
c. Length of stay in Baltimore: IYrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1702 Llewelyn Ave. 8 07

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Widowed	3/3/98	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Buckingham Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Mayo	Lucy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Ada Foster	1702 Llewelyn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D		May 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/29/1949	Petersville Cem.	Buckingham Virginia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	[illegible] Williams, M.D.	Elroy O. Wilson	1000 Brantly Ave.

VS 151

93

G74713 ✓ G74713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 8"

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAUL B. ALLAN — N-804 ✓

2. DATE OF DEATH May 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hosp.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 713 Eislen Street 21-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	If under 1 Months	If under 1 Days	If under 24 hours Hours	If under 24 hours Min.
male	colored	Single	7/12/1905	43				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unkown	Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Carrie Jorden 713 Eislen St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO Contusion of brain.
(B) DUE TO Intracranial hemorrhage
(C) Fracture of skull.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(D) DUE TO Fracture of nose, jaw, ribs, and tibia.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary edema.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	W.Md. R.R.property	alongside W. Md. R.R. Found: 800 W. of Russel St. Viaduct

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
Found 5 19 49 ? m.		Struck by train

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].* probable

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
George G. Merrill M.D.		May 20, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/25/1949	Cemetery	Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
		Elroy O. Wilson 1000 Brantly Ave.

VS 151

169 ✓

G74714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74714 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Irma Yancey

2. DATE OF DEATH May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore 14 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 132 N. Castle St. 6-04

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-8-10
9. AGE (In years last birthday) 39
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) S. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alan Jones
14. MOTHER'S MAIDEN NAME Mary Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

Write the cause of death clearly and legibly. Physician: please write the exact age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bowel obstruction — Interval between onset and death: 7 days

DUE TO

(B) Carcinomatosis — 1 month

DUE TO

(C) Granulosa cell carcinoma of ovary — 7 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION April 11, 1949
19B. MAJOR FINDINGS OF OPERATION Carcinomatosis of abdomen
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 5-23 1949 *to* 5-24 1949 *that I last saw the deceased alive on* 5-24 1949, *and that death occurred at* 1025 *m., from the causes and on the date stated above.*

23A. SIGNATURE Robert A. Spierling M.D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/29/949
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State) Arbutus Md,

DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave

VS 150

49a

G74715

BIRTH NO. G74715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No.

1. NAME OF DECEASED (Type or Print) SIM O'NEILL

2. DATE OF DEATH May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 232 Spring Court 3 01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	colored	married	Feb. 10 1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Raleigh, N. C.	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Daddys O'Neill	232 Spring Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypertensive cardiovascular disease	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* (Autopsy, Inspection or Inquiry) *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McCafferty M.D		May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/1949	Mt. Calvery Cem.	Brooklyn Md,

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 25 1949	Huntington Williams, M.D.	Elroy O. Wilson 1000 Bwantly Ave.

VS 151

93D

Please write the cause of death clearly and legibly. Physician: please write the exact age if important. Physician: please write the cause of death clearly and legibly.

G74716 BALTIMORE CITY HEALTH DEPARTMENT G74716

CERTIFICATE OF DEATH 331

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Frederick Prathers

2. DATE OF DEATH May 23, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1714 Etting st

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1714 Etting st

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto B. COUNTY md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 1714 Etting st 14 - 2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Single	March 16, 1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		md	

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME Emma Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212-18-9407 A	Dorthy Tsurty	1714 Etting ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) [illegible]

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) [illegible]

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1 , 19 , *to* [illegible] , 19 , *that I last saw the deceased alive on* May 23 , 1949 *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
[illegible]	[illegible]	5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/26/49	Mt Auburn	md

DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1949

REGISTRAR'S SIGNATURE [illegible], M.D.

25. FUNERAL DIRECTOR Geo. H. Nelson ADDRESS 1303 Pennsylvania Ave

VS 150

83a

Please write the cause of death clearly and legibly. Respect age is especially important. Physicians please write.

G74717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 Registered No. G74717

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wayland Dunaway

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1209 Winchester St. 16 01

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providant Hospital

c. Length of stay in Baltimore: 40 yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	married	June 2, 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Dunaway

14. MOTHER'S MAIDEN NAME: -------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Susie Dunaway ADDRESS: 1209 Winchester St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: May 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28, 1949	Arbutus	Maryland

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: George U. Kelson ADDRESS: 1303 Presstman St.

VS 151

46B

G74718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO. G74718

1. NAME OF DECEASED (Type or Print) Ruth Veronica James Butler

2. DATE OF DEATH 5-23-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1135 Parish St.

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore city 16
D. STREET ADDRESS (If rural, give location) 1135 N. Parish St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
female	colored	married	Nov. 5 1910	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Baltimore md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George C. Butler
14. MOTHER'S MAIDEN NAME Georgiana Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO none
17. INFORMANT Frank H. James ADDRESS 1135 N. Parish St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of intestines	5 months
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C)	

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8-1949 *to* 5-23-1949 *that I last saw the deceased alive on* 5-22-1949 *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Frank A. Saunders, M. D.
23B. ADDRESS 1029 N. Stricker St.
23C. DATE SIGNED 5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/27/49
24C. NAME OF CEMETERY OR CREMATORY St. Peters
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Geo. A. Kelson ADDRESS 1303 Eastern Ave

46E

Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

G74719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74719

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles H. Askins

2. DATE OF DEATH: 5/27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 E. Eager St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Life; Mos. ; Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1708 E. Eager St. 7-c 4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	Col.	Married	6/28/98	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Church	Baltimore, Md.	

13. FATHER'S NAME: Thomas Askins

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Cora Askins	1708 E. Eager

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Acute heart failure

DUE TO

(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/17, 1949, *to* 5/23, 1949 *that I last saw the deceased alive on* 5/23, 1949, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Hornstein M. D.	204 E. Biddle St	5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/27/49	Mt. Calvery	A.A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, M.D.	Joseph B. Locke, Jr.	1304 N. Central Ave

VS 150

94a

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Important. Please write the cause of death clearly and legibly.

G74720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

150.0 G74720 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ERNA ABEL

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home

c. Length of stay in Baltimore: 40 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 622 St. Johns Rd. 27-13

5. SEX: female
6 COLOR OR RACE: white
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: June 20, 1879
9 AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 69 68 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12 CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William F. Wahler
14 MOTHER'S MAIDEN NAME: Ernestine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16 SOCIAL SECURITY NO: no
17 INFORMANT: Mrs. B. F. Livingston
ADDRESS: 622 St. Johns Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946 to May, 1949, that I last saw the deceased alive on May 25 1949, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

23A SIGNATURE: William F Kelpech M. D.
23B ADDRESS: 5036 Edmondson Ave
23C DATE SIGNED: 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 5/27/49
24C NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
24D LOCATION (City, town, or County) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR: [illegible] Baltimore, Md.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

97

G74721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74721

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARA BEVAN TOMLINSON

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3606 Mohawk Ave.
c. Length of stay in Baltimore: 17 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. J.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elizabeth
D. STREET ADDRESS (If rural, give location): 247 Orchid St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	widow	April 15, 1855	94 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-		Frankfort, Pa.	

13. FATHER'S NAME: Jesse Bevan

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
-		

17. INFORMANT: Mrs. Richard A. McDonnell ADDRESS: 73 Upmanor Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
DUE TO
(B) Arteriosclerotic Heart Disease 3 yrs.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-1-, 19[illegible], *to* 5-24-, 19[illegible], *that I last saw the deceased alive on* 5-24-1949 *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard K. Garmon M. D	260 E. Garrison Blvd	4-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/26/49	Wm. Penn Cem.	Somerton, Phila., Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 25 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

937

Physician: please write the cause of death clearly and correct age is especially important.

G74722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. G74722

1. NAME OF DECEASED (Type or Print): FRANK ARNETT EVERITT

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: Most of life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10
D. STREET ADDRESS (If rural, give location): 1116 Lake Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	January 15, 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: Brooks-Price Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Everitt
14. MOTHER'S MAIDEN NAME: Agatha Graecen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dorothea K. Everitt — ADDRESS: 1116 Lake Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular renal disease with uremia.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): none
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1949, *to* May 25, 1949, *that I last saw the deceased alive on* May 24 1949, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: Union Memorial Hosp
23C. DATE SIGNED: 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/27/49
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

131a

G74723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74723

BIRTH NO.

1. NAME OF DECEASED (Type or Print): **Ethel H. Moss**

2. DATE OF DEATH: **May 24, 1949**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Baltimore, Md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **418 East 20th Street**

c. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: **Maryland**
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): **Baltimore**
D. STREET ADDRESS (If rural, give location): **418 East 20th Street** 12-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years. last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	**white**	**married**	**July 23, 1881**	**67**		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cashier	**Cluster Theatre**	**Baltimore, Maryland**	

13. FATHER'S NAME: **Charles S. Harrison**

14. MOTHER'S MAIDEN NAME: **Martha E. Martin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
no	**219-16-9716**	**Mrs. Ethel H. Moss, 418 East 20th Street**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 10, 1940, *to* May 24, 1949, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel B. McKee M. D.	1331 North Ave	5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	**5/27/49**	**Loudon Park Cemetery**	**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAY 26 1949	[illegible]	**Wm. Cook, Inc., 1217 St. Paul Street**

VS 150

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G74724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74724 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LEON HARRY FREY

2. DATE OF DEATH: MAY 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1619 W. FAYETTE ST.

c. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 19-2
D. STREET ADDRESS (If rural, give location): 1619 W. FAYETTE ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Min.
MALE	White	MARRIED	MARCH 7, 1902	47 YRS		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rigger	Ship building	VIRGINIA	USA

13. FATHER'S NAME: FRANKLIN FREY

14. MOTHER'S MAIDEN NAME: SALLY LANDIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO

17. INFORMANT: MRS DOROTHY STALLINGS ADDRESS: 1619 W. FAYETTE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CORONARY THROMBOSES	8 YRS
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) CORONARY SCLEROSIS	?
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	AURICULAR FIBRILLATION	

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL 24, 1949, *to* MAY 24, 1949, *that I last saw the deceased alive on* MAY 24, 1949, *and that death occurred at* 7.55 P *m., from the causes and on the dates stated above.*

23A. SIGNATURE: Melvin N. Borden M.D.

23B. ADDRESS: 2330 W Fayette St

23C. DATE SIGNED: May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/27/49

24C. NAME OF CEMETERY ~~OR CREMATORY~~: St. Peters

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm Cook Jrs. ADDRESS: 217 St. Paul St.

VS 150

94a

(Correct age is especially important. Physician: please write the cause of death clearly and fully.)

G74725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60

G74725 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia G Magness

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D STREET ADDRESS (If rural, give location): 101 W. Monument St 11-2

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25* 1881
9. AGE (In years last birthday): 67 | If Under 1 Year: Months 9 Days 24 | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Joseph Mulcrone
14. MOTHER'S MAIDEN NAME: Jane F. McCusker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Army Chemical Center, Md. Lt. Col. Thos. H. Magness USA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebro Vascular Accident
DUE TO
(B) Hypertensive Cardio Vascular Disease
DUE TO
(C) Diabetes Mellitus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 0
19B MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/14/49 *to* 5/24/49, *that I last saw the deceased alive on* 5/24/49 *and that death occurred at* 5 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank E Brumback M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 5/24/49

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 5/27/45
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Green Mount
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 217 St. Paul St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street address is especially important. Physician: please write the cause of death clearly and fully.

G74726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 91 3 G74726
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CORDIAS. H. FLANIGAN N 805.
2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monumental Storage + Carpet Cleaning Co.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, 10-1
D. STREET ADDRESS (If rural, give location): 907 E. Chase St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: Feb 6th 1931
9. AGE (In years last birthday): 18
If Under 1 Year: Months 3 Days 17
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Carpet Cleaning Co
11. BIRTHPLACE (State or foreign country): Elkins W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen T. Flanagan
14. MOTHER'S MAIDEN NAME: Mary Vancoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: Owen T. Flanagan 907 E. Chase St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Contusion, brain
DUE TO Fracture - dislocation, 3rd cervical vertebra
(B) Rupture, liver
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Industrial
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Monumental Storage & Cleaning Co. 1915 Windsor Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 23, 1949 1:15p. m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Caught in rug cleaning mach.

22. *I certify that I took charge of the remains described above, held an* _____ *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: May 24, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/31/49
24C. NAME OF CEMETERY OR CREMATORY: Monland Park
24D. LOCATION (City, town, or county) (State): Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: Wm Cook Inc. 217 St. Paul St.

VS 151

176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74727

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARL MARYON BENNETT

2. DATE OF DEATH May 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 929 N. Charles Street - 1
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 11-2
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W.	Married.	4-26-75	74 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Indianna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Decatur L. Bennett

14. MOTHER'S MAIDEN NAME Martha E. Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT May Bennett ADDRESS 929 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic

DUE TO

(B) Cardiovascular lesions

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Splenic infarction

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 24, 1949, *to* May 24, 1949, *that I last saw the deceased alive on* May 24, 1949, *and that death occurred at* 9:05 p.m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. Andrew Adams, M. D.	St. Joseph's Hosp.	5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	5/27/49	Green Mount	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul st.

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and correct age is especially important.

G74728 CERTIFICATE CORRECTED 6-1-49

BALTIMORE CITY HEALTH DEPARTMENT 177 G74728

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): MARLON LOUIS YEALDHALL

2. DATE OF DEATH: 5/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 711 Pontiac Ave.
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 711 Pontiac Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	M	12/7/1889 1890	59 58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1st Grade Eng.	Con. Oil Co.	Baltimore	

13. FATHER'S NAME: George

14. MOTHER'S MAIDEN NAME: Anna Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Family - Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Prostate
DUE TO
(B) arthritis
DUE TO
(C) arthritis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 10, 1948 to 5/23/49, *that I last saw the deceased alive on* 5/23/49 *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Samuel Cohen M. D.	2030 Madison Ave	5/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	5/26/49	Cedar Hill	Brooklyn

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Turlington Williams, M.D.	Wm. L. McCurdy	130 E. Fort Ave.

VS 150

516

PRESS WHITE PRINTING WITH UNFADING INK. Every item of information should be carefully supplied. Please write the cause of death clearly and legibly. Correct age is especially important. Physician: please write

G74729

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓x 54-4

Registered No. G74729

1. NAME OF DECEASED (Type or Print) James Duggan

2. DATE OF DEATH May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE N. Y.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elmhurst, Long Island
D. STREET ADDRESS (If rural, give location) 79 50 Calamma

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Child	3-9-40	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Duggan

14. MOTHER'S MAIDEN NAME Anna Corrigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; write the cause of death clearly and legibly. Physician: please write exact age if especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

(B) Congenital heart disease

(C) Reaction to injection of diodrast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-12, 1949 *to* 5-25, 1949 *that I last saw the deceased alive on* 5-25, 1949, *and that death occurred at* 3'15 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Marshall C. Sanford M.D.	JOHNS HOPKINS HOSPITAL	5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28 1949		New York City N.Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, MD	John C Moran	3000 E Balto St

VS 150

157E

G74730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74730

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH ANKLE

2. DATE OF DEATH May 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-1
D. STREET ADDRESS (If rural, give location) 616 South Charles Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. / Mos. / Days

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 9/15/1875
9. AGE (In years last birthday): 73 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Ankle, Sr.
14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie Anderson ADDRESS: 110 N. Hamburg St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-
DUE TO Vascular disease

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE William J. McClafferty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR
23C. DATE SIGNED May 23, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/28/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Ct
24D. LOCATION (City, town, or county) (State): Balto City

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. L. Brown & Son ADDRESS: 108 W. Montgomery St

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74731

BIRTH NO. G74731

1. NAME OF DECEASED (Type or Print) HARRY McCRACKEN

2. DATE OF DEATH 5/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

C. Length of stay in Baltimore 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16 15-48
D. STREET ADDRESS (If rural, give location) 2215 Brookyn ave.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 7, 1876
9. AGE (In years last birthday) 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work, considering most of working life, even if retired) Retired Railroad man
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME THOMAS McCRACKEN
14. MOTHER'S MAIDEN NAME ELIZA HOEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO —
17. INFORMANT W. M. H. Records ADDRESS

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acidosis — Interval between onset and death: 8 days

DUE TO

(B) Uremia — 2½+ years

DUE TO

(C) {Atherosclerotic nephrosclerosis / Generalized arteriosclerosis — years / "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/17/49, 19__, *to* 5/25/49, 19__, *that I last saw the deceased alive on* 5/25/49, 19__, *and that death occurred at* 4.09 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE W. F. Coyle M. D.
23B. ADDRESS Union Memorial Hospital
23C. DATE SIGNED 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 26/1949
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State) Cincinnatti, Ohio

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR John O. Mitchell Sons ADDRESS 1900 Eutaw Place

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Physician: please write the cause of death clearly and legibly. Be especially important. Physician: please write the cause of death clearly and legibly.

131a

G74732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74732

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Morris

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 353 Rosebank Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural, near Fuxton
D. STREET ADDRESS (If rural, give location): Bellona Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	married	Nov. 12, 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Maid		Boda, Sweeden	

13. FATHER'S NAME: John Morris

14. MOTHER'S MAIDEN NAME: Anna Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: D. Luke Hopkins, ADDRESS: Bellona Ave., Balto. Co., Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma (Gastric) — INTERVAL BETWEEN ONSET AND DEATH: 15-18 mos
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1942 *to* May 25, 1949, *that I last saw the deceased alive on* May 24, 1949, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. Healy M.D.	1403 Park Ave.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	May 26, 1949		Culpeper, Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	John O. Mitchell & Sons, Inc. — Madison B. Mitchell	1900 Eutaw Pl

VS J50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

461

G74733

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74733

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and correct age is especially important.

1. NAME OF DECEASED (Type or Print) MARY A. PIRIE	2 DATE OF DEATH May 24, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A STATE Md. B COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5839 York Rd.	C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5839 York Rd.
5. SEX female	6. COLOR OR RACE white
7 SINGLE, MARRIED WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Dec. 4, 1872
9 AGE (In years last birthday) 76 yrs.	If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) India	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew M. Driver	14 MOTHER'S MAIDEN NAME -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)	16. SOCIAL SECURITY NO
17. INFORMANT Mr. Wm. A. Pirie, Jr.	ADDRESS 5839 York Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

(B) myocarditis — 3 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — 5 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A SIGNATURE A. C. Summit M. D	23B ADDRESS 4509 Eastern Ave	23C DATE SIGNED May 25
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B DATE 5/26/49	24C NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24D LOCATION (City, town, or county) Woodlawn, Md. (State)		
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25 FUNERAL DIRECTOR WM. J. TICKNER & SONS
ADDRESS Balto., Md.		

VS 150

93D

G74734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

451 Registered No. G74734

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma E. Straus

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2201 Linden Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2201 Linden Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-2
D. STREET ADDRESS (If rural, give location): 2201 Linden Ave.

5 SEX	6 COLOR or RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 Year Months Days	If under 24 hours Hours Min.
Female	White	Married	Sept. 21, 1869	79		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Baltimore, Md.
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Elfrey
14 MOTHER'S MAIDEN NAME: Sarah E. King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16 SOCIAL SECURITY NO: no
17 INFORMANT: Mr. Theodore L. Straus ADDRESS: 2201 Linden Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ruptured abdominal Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Instantly
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO Arterio-Sclerosis. Hypertension — Gradual
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5 1948 *to* May 25, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Woody M. D.
23B. ADDRESS: 1503 Park ave
23C DATE SIGNED: May 25 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/27/49
24C NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not age is especially important. Physician: please write the cause of death clearly and legibly.

G74735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74735

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and forcibly.

1. NAME OF DECEASED (Type or Print): Harris L. Himmelfarb

2. DATE OF DEATH: 5/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-3
D. STREET ADDRESS (If rural, give location): 117 S. Paulskie st

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1874
9. AGE (In years last birthday): 75 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Europe
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Himmelfarb
14. MOTHER'S MAIDEN NAME: Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Samuel T Himmelfarb ADDRESS 3100 Dorchester Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25-49 19 , *to* 5-25-49 19 , *that I last saw the deceased alive on* 5-25-49 19 , *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: William J. Hawn, M.D.
23B. ADDRESS: 1213 S. Light St.
23C. DATE SIGNED: 5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 27, 1949
24C. NAME OF CEMETERY OR CREMATORY: Shaarai Shalom Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Sol Levinson & Bros.
ADDRESS: 1126 N. North Ave.

93 D

674736 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 674736

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Girl Stewart

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Harford
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Havre De Grace
D. STREET ADDRESS (If rural, give location): 521 Otsego st.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Child	5-22-49		1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Rufus Stewart

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Prematurity	
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22 19 49 *to* 5-23 19 49 *that I last saw the deceased alive on* 5-23 19 49, *and that death occurred at* 10:23 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton Wood Gant M.D. M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		Hosp Dispos	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Emmington Williams, MD		

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT 76 G741737

CERTIFICATE OF DEATH

BIRTH NO. B. 49-1029 f Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Malichi

2. DATE OF DEATH: May 23 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B COUNTY: 7-1
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 806 N. Linwood Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 5-22-49
9. AGE (In years last birthday) | If Under 1 Year: Months 1, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Malichi
14. MOTHER'S MAIDEN NAME: Emma Simena
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22 , 1949 *to* 5-23 , 1949 *that I last saw the deceased alive on* 5-23 , 1949 *and that death occurred at* 10 25 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Milton Woodward M.D.
23B ADDRESS: JOHNS HOPKINS HOSPITAL
23C DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C NAME OF CEMETERY OR CREMATORY: Hosp Despensal
24D LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR
ADDRESS

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and legibly.

159

G74738

BIRTH NO BC-49-10323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

776

G74738

Registered No.

1. NAME OF DECEASED (Type or Print): Baby "Boy" Green

2. DATE OF DEATH: MAY 19 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1620 Carlos Terrace

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE MARRIED WIDOWED DIVORCED (Specify):
8. DATE OF BIRTH: 5-18-49
9. AGE (In years last birthday) | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.: 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Ludella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18 1949, *to* 5-19 1949, *that I last saw the deceased alive on* 5-19, 1949, *and that death occurred at* 1:35 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nelson Morrow M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hospital Disposal
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS:

VS 150

Hospital Disposal

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74739 — BALTIMORE CITY HEALTH DEPARTMENT — 776 — G74739

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-07900 — Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Rainier
2. DATE OF DEATH: 4/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3437 6th Street 25-4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/6/49
9. AGE (In years last birthday) — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.: 5 hr
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry Rainier
14. MOTHER'S MAIDEN NAME: Priscilla Carver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity ~~Birth living child~~
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 5½ hrs.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6 *1949 to* 4/7 *, 1949 that I last saw the deceased alive on* 4/7 *1949, and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B ADDRESS: 1213 Light St.
23C DATE SIGNED: 5/13/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Holy Sepulchre
24D LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR — ADDRESS

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74740 — Mc Teer ✓ — G74740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth M. Teer

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2018 Fulton Ave.
C. Length of stay in Baltimore: 27 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-4
D. STREET ADDRESS (If rural, give location): 2018 N. Fulton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Colored	Married	Oct. 5 1908	40	6 15	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stenographer		Baltimore, Md.	U. S. A.

13. FATHER'S NAME: Robert Clarke

14. MOTHER'S MAIDEN NAME: Esther Pettigrew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			Mr. Charles McTeer	2018 Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Tumor (Prolymphocytoma) — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20, 1949, *to* 5-23, 1949, *that I last saw the deceased alive on* 5-23, 1949, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank A. Saunders, M. D.	1079 N. Stricker St.	5-26-49

24A. BURIAL, CREMATION OR REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/27/1949	Arbutus Mem. Pk.	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave. 54B

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician please write the cause of death clearly and legibly.

G7288-128935

G74741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 47

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Brown

2. DATE OF DEATH May, 23, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue,

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 817 Forrest St. 10-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Married	February 16, 1895	54 Yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Brown (D)

14. MOTHER'S MAIDEN NAME Grace ? (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT (Name and address) Baltimore City Hospitals Records 4940 Eastern Avenue.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician's please write the cause of death clearly and legibly. Correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia
DUE TO Due to Congenital Cysts of the Kidney and Nephrosclerosis
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ Yes ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 19 49 *to* 5-23-, 19 49, *that I last saw the deceased alive on* 5-23, 19 49, *and that death occurred at* 8:15/P *m., from the causes and on the date stated above.*

23A. SIGNATURE G. A. Rogers M. D.

23B. ADDRESS Baltimore City Hospitals

23C. DATE SIGNED 5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/28/1949

24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem Pk.

24D. LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR AND ADDRESS Holland Funeral Home 1631 Druid Hill Ave.

MAY 26 1949

VS 150

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G74742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 x 0 : 1

G74742 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Agnes Virginia Lathan

2. DATE OF DEATH: May 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 256 Robert St.
C. Length of stay in Baltimore: 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 256 Robert St. 14-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Female	Colored	married	July x, 1899	49	9 4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bailey
14. MOTHER'S MAIDEN NAME: Sarah Gittings

15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-10-4401
17. INFORMANT: Mr. Ruth Brown ADDRESS 256 Robert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5/24/49
DUE TO
(B) Hypertensive — 2 months
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/25, 1948 *to* 5/24, 1949 *that I last saw the deceased alive on* 5/24, 1949 *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1131 Harlem Ave
23C. DATE SIGNED: 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 28, 1949
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, Town, or County) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave. 94a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the cause of death clearly and legibly. Physician please write correct age is especially important.

G74743 G74743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physician please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Annie Gearth Smith

2. DATE OF DEATH: May 24 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1719 Harlem Ave.
c. Length of stay in Baltimore: Yrs. 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-2
D. STREET ADDRESS (If rural, give location): 1719 Harlem Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	Colored	Widow	Dec. 26 1869	79		28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Courtland, Ala.	U.S.A.

13. FATHER'S NAME: Osear Fouette

14. MOTHER'S MAIDEN NAME: Adeline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.			Mrs. Vivian G. Allen 1949 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocarditis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 13, 1949, *to* May 24, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. Campbell M. D.	718 Dolphin St.	5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/1949	Arbutus Mem. Pk.	Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave. 93D

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G74744

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331

Registered No. G74744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and forcibly.

1. NAME OF DECEASED (Type or Print): (Mack) MATTHEW Brown

2. DATE OF DEATH: May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1343 N. FREEMONT AVE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. of A. PROVIDENT HOSPITAL
C. Length of stay in Baltimore: 5 YEARS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-3
D. STREET ADDRESS (If rural, give location): 1343 N. Freemont Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
M	C	MARRIED (SEP).	3-15-1920	29	2	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PORTER	STORE	PHILADELPHIA, PA.	U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: EMMA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Geo. WRIGHT	5950 VINE STREET PHILA., PA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR	23C. DATE SIGNED
Geo. G. Merrill M.D		MAY 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	5-26-49	MT. AUBURN	BALTIMORE, CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 26 1949	Huntington Williams, M.D.	Wm. A. JACKSON, 916 PENNA. AVE. BALTO. 1. MD.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74745 Registered No.

G74745 BIRTH NO. B.C. 49-09430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Alfred Milton Griffith 3rd

2. DATE OF DEATH: 5-24-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: 2 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2605 Beechland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	S	5-6-49	18 days	✓	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alfred Milton Bell Griffith, Jr.
14. MOTHER'S MAIDEN NAME: Hazel De Veaux ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father - 2605 Beechland ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 days (?)
DUE TO
(B) & Bronchio pneumonia
DUE TO
(C) & meningeal shock.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 5-24-49
19B. MAJOR FINDINGS OF OPERATION: Atelectasis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1949 to 5-24, 1949 that I last saw the deceased alive on 5-24, 1949, and that death occurred at 2:45 P m., from the causes and on the date stated above.

23A. SIGNATURE: C. D. Thomas, Jr. M.D.
23B. ADDRESS: Mercy H.
23C. DATE SIGNED: 5-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/27/49
24C. NAME OF CEMETERY OR CREMATORY: St. Paul's
24D. LOCATION (City, town or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Arlington Williams, R
25. FUNERAL DIRECTOR: Leonard J. Luck ADDRESS: 5305 Harford.

VS 150

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6747:6 ✓ No. 6747:6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Otto Albertz

2 DATE OF DEATH MAY 25, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 3343 Cliftmont Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Balto. B COUNTY Md.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
D STREET ADDRESS (If rural, give location) 3343 Cliftmont Ave — 13 —

5. SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	M	June 8, 1879	69	11	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) MARYLAND

12 CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME John Albertz

14 MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT Arthur Talbot ADDRESS 3343 Cliftmont Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
DUE TO
(B) Arteriosclerotic Cardiovascular Disease
DUE TO
(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/21, 1949 to 5/25, 1949 *that I last saw the deceased alive on* 5/25, 1949 *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE H. B. Lowry M. D. | 23B ADDRESS 2400 Eutaw Ave | 23C DATE SIGNED 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B DATE May 27, 1949 | 24C NAME OF CEMETERY OR CREMATORY Western Cemetery | 24D LOCATION (City, town, or county) Balto. Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949 | REGISTRAR'S SIGNATURE [illegible] | 25 FUNERAL DIRECTOR Philip E. Lynch | ADDRESS 900 N. Libert St

VS 150

93D

G74747 ✓1 G74747

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Physician: please write the cause of death clearly and legibly. Important. Physician: please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): EMMA L. GLISS

2. DATE OF DEATH: May 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2524 Harford Rd.
c. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2524 Harford Rd. 9-7

5. SEX: female
6. COLOR or RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 2, 1869
9. AGE (In years last birthday) If under 1 year: Months Days; If under 24 hours: Hours Min.: 82 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brownsville, Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Nicholas Schindhelm
14. MOTHER'S MAIDEN NAME: - Rumpf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Mildred Gliss ADDRESS: 2524 Harford Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — DUE TO
(B) Arterio-sclerotic Cardio-Vascular Disease — DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: (A) Immediate (B) ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 *to* May 49, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jay H. Zimmerman M.D.
23B. ADDRESS: 2538 Harford Rd.
23C. DATE SIGNED: 26 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/26/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

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ES-129091 G74748 BALTIMORE CITY HEALTH DEPARTMENT G74748

CERTIFICATE OF DEATH

Registered No. 1 13

BIRTH NO

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to collect age is especially important. Physician please write the cause of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Laura Elzina Robinson

2. DATE OF DEATH: 5-21-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals
C. Length of stay in Baltimore: 30 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1239 E. Lexington Street.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: April 13, 1900
9. AGE (In years last birthday): 49 (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Carrie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Heart Disease — Interval between onset and death: 1 yr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? (Yes / No): Yes

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19 , 1949 *to* 5-21 , 1949 *that I last saw the deceased alive on* 5-21 , 1949 *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 5-21-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 26, 1949
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, Town, or County) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: [signature] Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams Schroeder ADDRESS 3224

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G74749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74749

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sebastiana Torregrossa

2. DATE OF DEATH: 5-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1740 E.Oliver Street
c. Length of stay in Baltimore: 48 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY: City
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D STREET ADDRESS (If rural, give location): 1740 E.Oliver Street 8-6

5. SEX: Female
6. COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-5-1869
9 AGE (In years last birthday) / If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.: 79 / 7 / 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Italy
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony De Domenico
14 MOTHER'S MAIDEN NAME: Mesmaco

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO: None

17 INFORMANT: Mrs.Anna DeFlavis
ADDRESS: 1740 E.Oliver Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cerebral Hemorrhage
DUE TO
(B) Chronic Nephritis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 5-13-49 *to* 5-24-49, *that I last saw the deceased alive on* 5-24-49, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Homsten, M. D.
23B ADDRESS: 2042 Eutaw St.
23C DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-28-49
24C NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D LOCATION (City, town, or county) (State): Belair Road, Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: George J. Ruth, Inc.
ADDRESS: 1735 Harford Avenue

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct as is especially important. Physician: please write the cause of death clearly and legibly.

G74750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G74750
Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and legibly. Be especially important.

1. NAME OF DECEASED (Type or Print): William H. Kraft
2. DATE OF DEATH: May 25/49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 129 Collins Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-8
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	widow	16, 1872	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	B. & O. R.R.		

13. FATHER'S NAME: Henry Kraft
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			ambulance 12

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949 *to* May 25, 1949 *that I last saw the deceased alive on* May 23 1949 *and that death occurred at* 12:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Morris W. Steinberg M.D.	410 N. Milton St	May 25, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28/49.	Western	Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Curington Williams, M.D.	Henry F. Kraft	921 Fairmount Ave.

VS 150

93D

G74751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74751 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Catherine Hampson

2. DATE OF DEATH: May 24 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General, German Aged Ryans Home
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-4
D. STREET ADDRESS (If rural, give location): 2 S. Athol ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	W.	Widow	April 2, 1856	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md	

13. FATHER'S NAME: Balthaser Weyforth

14. MOTHER'S MAIDEN NAME: Elizabeth Stenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. J. Geo. Wahl	22 S. Athol ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Multiple Sclerosis. — INTERVAL BETWEEN ONSET AND DEATH: Slowly Progressive.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mch. 1/49, 19__, *to* May 24/49 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Walds Lanjdr M. D.	933 Hanover St. Balto., Md	May 25/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 27/49	Loudon Pk.	3801 Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	H. J. Dwyer & Son	410 Edmondson Ave

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74752 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): August William Diegel

2. DATE OF DEATH: 5/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hosp.
c. Length of stay in Baltimore: 46 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21 East
D. STREET ADDRESS (If rural, give location): Box 72A. Philadelphia Road

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/4/1903
9. AGE (If under 1 year, last birthday): 46
If under 1 year: Months 2 Days 21 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: William M. Diegel
14. MOTHER'S MAIDEN NAME: Mary Kahler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. August W. Diegel ADDRESS: Philadelphia Rd.

MEDICAL CERTIFICATION

Every item of information should be carefully supplied. Write the cause of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physician: please write

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
DUE TO
(B) Hypertensive Cardio-Vascular Disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/25, 1949 *to* 5/25, 1949 *that I last saw the deceased alive on* 5/25, 1949 *and that death occurred at* 8:05 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ray E. Brown Jr. M. D.
23B ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 5/27/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR: Lasaak Funeral Home ADDRESS: 7401 Belair Rd.

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G74753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143

G74753 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS NETTIE EDMONIA LEONARD — NETTIE LEONARD

2. DATE OF DEATH 25 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSP

c. Length of stay in Baltimore 53 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #18
D. STREET ADDRESS (If rural, give location) 2214 AIKEN ST. 9-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	WHITE	WIDOWED	20 MARCH 1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CHARLES SEAY

14. MOTHER'S MAIDEN NAME SUSAN HERNDAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT DAUGHTER ADDRESS ?
MRS. PAUL MORGENTHALL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

(B) HYPERTENSIVE CARDIO - VASCULAR DISEASE — ? years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) HYPOSTATIC PNEUMONIA — 36 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS — 3 months

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 24 FEB, 1949, *to* 25 MAY, 1949, *that I last saw the deceased alive on* 25 MAY, 1949, *and that death occurred at* 2:20A m., *from the causes and on the date stated above.*

23A. SIGNATURE Donald L. England M. D.

23B. ADDRESS MARYLAND GEN. HOSP

23C. DATE SIGNED 25 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/27/49	Parkwood Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949

REGISTRAR'S SIGNATURE [illegible], M.D.

25. FUNERAL DIRECTOR ADDRESS
HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74754 ✓ X443X G74754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) FRANCES AGNES HOOPES

2 DATE OF DEATH 5-22-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSP.

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B COUNTY Baltimore
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 22 Dundalk
D. STREET ADDRESS (If rural, give location) 7823 WISE AVENUE

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
F	W	Married	2-29-92	57				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Wife		BALTIMORE, MD.	USA

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Richard Hall	Mary Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no		none	Mr. Walter C. Hoopes-7823 Wise Ave-22

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac decompensation DUE TO

(B) Hypertensive cardio-vascular disease DUE TO

(C) Hepatic cirhosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 21, 1949 *to* May 22, 1949 *that I last saw the deceased alive on* May 22, 1949, *and that death occurred at* 8:10 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
A. Andrew Alecca, M. D.	St. Joseph's Hospital	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/27/49	Parkwood Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAY 26 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE -13, MARYLAND 124 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

Poessnecker ✓ 163

G74755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74755

Registered No.

BIRTH NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and legibly. Be correct age is especially important.

1. NAME OF DECEASED (Type or Print) Charles Martin Poessnecker

2. DATE OF DEATH May 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 5412 Park Heights

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

c. Length of stay in Baltimore 35 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-18
D. STREET ADDRESS (If rural, give location) 5412 Park Heights Ave

5. SEX	6. COLOR or RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	M.	Oct. 15, 1888	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker
10B. KIND OF BUSINESS OR INDUSTRY Undertaking
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO 213-03-7456
17. INFORMANT Mrs Mae Poessnecker ADDRESS 5412 Park Heights Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 Years.
DUE TO
(B) Tuberculosis (oral)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949 to May 24, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE Edwin G. Pierpont, M.D. M. D.
23B. ADDRESS 8627 LIBERTY Rd. ROCKDALE 7 Md.
23C. DATE SIGNED May 24 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 28/49
24C. NAME OF CEMETERY OR CREMATORY Stone Chapel
24D. LOCATION (City, town, or county) (State) Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Loring Byers
ADDRESS 5005 Pk Heights Ave

VS 150

47D

FSN 128906 G74756

BIRTH NO. G74756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193 Registered No. G74756

1. NAME OF DECEASED (Type or Print): William Grace

2. DATE OF DEATH: May-23,1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue,
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 624 South Belnord Avenue 1-3

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 1,1890
9. AGE (In years last birthday): 58 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allen Grace (D)
14. MOTHER'S MAIDEN NAME: Bedelia Lacompte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Baltimore City Hospitals Records 4940 Eastern Avenue

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician please write the cause of death clearly and legibly.

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Brain Tumor - malignant
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 5-13-1949
19B. MAJOR FINDINGS OF OPERATION: Craniotomy
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11 1949, *to* 5-23, 1949, *that I last saw the deceased alive on* 5-23, 1949, *and that death occurred at* 10:40A m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. A. Rogers M. D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: May 23-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 5-27-49
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM
24D. LOCATION (City, town, or county) (State): 7225 EASTERN AVE.

DATE RECEIVED: MAY 26 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles L. Zirlen
ADDRESS: 901 S. Conkling St

VS 150

54 B

G74757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57

G74757

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Mary Wilson White

2. DATE OF DEATH: May 26. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — 218 Ridgewood Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gaddis Nursing Home

c. Length of stay in Baltimore: Yrs. one year Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Ocean City Md. Worcester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ocean City
D. STREET ADDRESS (If rural, give location): 218 Ridgewood Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	Widow	Oct 2.1884	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	home duties	Snow Hill Md.	U.S.

13. FATHER'S NAME: Ephriam K. Wilson

14. MOTHER'S MAIDEN NAME: Julia Knox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no		Richard D. White	7 E. Mulberry St

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physician: please write the cause of death clearly and correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart-failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of pancreas.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes

INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No UMH records.	Carcinoma of pancreas.	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 28, 1948, *to* May 26, 1949, *that I last saw the deceased alive on* May 24, 1949, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H. Jacobson M.D.	1035 N. Calvert St.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28.49	Presbyterian Cemy.	Sonw Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, MD	John O. Mitchell & Sons.	1900 Eutaw Place

VS 150.

469

G74758

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-10274 CERTIFICATE OF DEATH

Registered No. G74758

1. NAME OF DECEASED (Type or Print): Baby Girl Broad

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for the Women of Maryland
c. Length of stay in Baltimore: Yrs. 4½ Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 4 E 32nd Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	single	5-21-49			4	12	28

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore, Md.	USA

13. FATHER'S NAME: Shelley Broad

14. MOTHER'S MAIDEN NAME: Shirley Virginia Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		none	Shirley Broad	4 E 32nd Street Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity — 1 lb. 14 z at birth	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1949 *to* May 25, 1949 *that I last saw the deceased alive on* May 25, 1949, *and that death occurred at* 7:57 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
William G. Spencer, M.D.	Hosp. for Women of Md.	5-25-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 27/49	Greenmt Cem.	Perryman Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	John D. Mitchell Sons	1900 Eastern Ave

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician please write the cause of death clearly and legibly.

G74759

BALTIMORE CITY HEALTH DEPARTMENT 31

CERTIFICATE OF DEATH 3

G74759

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Dr. Sydney R. Miller

2 DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A Baltimore City, Maryland 108 St. John's Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

c. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY: none
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 108 St. John's Road 27-12

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	August 9, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
physician	medicine	New Ark, N. J.	U.S.

13 FATHER'S NAME: Fred Halsey Miller

14 MOTHER'S MAIDEN NAME: Ann Robotham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16 SOCIAL SECURITY NO.:

17 INFORMANT: Mrs. Ella W. Miller ADDRESS: 108 St. John's Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Haemorrhage
DUE TO
ANTECEDENT CAUSES
(B) Cerebral Arterio-Sclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* 1944, 19, *to* May 25, 1949, *that I last saw the deceased alive on* May 24, 1949, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A SIGNATURE	23B ADDRESS	23C DATE SIGNED
Walter A Baetjer M D	1101 St. Paul St.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Cremation	5/27/49	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
May 27 1949	Huntington Williams, M.D.	John J. Mitchell & Sons, Inc.-1900 Eutaw Pl. Malcolm B. Mitchell

VS 150

82a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician: please write the cause of death clearly and forcibly.

G74760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74760

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Agnes Stevens

2. DATE OF DEATH 5/23/44

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 823 W. Mulberry St.

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single
8. DATE OF BIRTH 12/14/36
9. AGE (In years last birthday) 13 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carroll Stevens

14. MOTHER'S MAIDEN NAME Leonora Evans 823 W. Mulberry St

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Lenora Evans Stevens-823 Mulberry St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malignant Lymphoma — mediastinal abscess
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20/44, 19__, *to* 5/23/44, 19__, *that I last saw the deceased alive on* 5/23/44, 19__, *and that death occurred at* 6:55 A m., *from the causes and on the date stated above.*

23A SIGNATURE William T. Harris M.D.
23B ADDRESS 1213 Light Street
23C DATE SIGNED 5/23/44

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B DATE 5/27/49
24C NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1949
REGISTRAR'S SIGNATURE Christopher Williams, M.D.
25 FUNERAL DIRECTOR Charles J. Cooper
ADDRESS 512 Carrollton Av.

VS 150

1141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physician: please write the cause of death clearly and forcibly.

G74761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74761

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DOUGLAS DAY

2. DATE OF DEATH May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Frederick
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick
D. STREET ADDRESS (If rural, give location) 315 West Potomac Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	single	5-15-49		12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	—

13. FATHER'S NAME Willard Day

14. MOTHER'S MAIDEN NAME Helen Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Willard Day	Brunswick Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Absence of Esophagus
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D	[X]	May 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-28-49	Reformed	Brunswick Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 26 1949	Huntington Williams, M.D.	C. H. Zeiler & Bro	Brunswick Md

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physician please write the cause of death clearly and legibly.

157 9

G74762

G74762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150.1 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Funtleroy

2. DATE OF DEATH 5/24/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore Yrs. 10 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D STREET ADDRESS (If rural, give location) 925 Argyle Ave. 17-1

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Married

8. DATE OF BIRTH June.15.89

9. AGE (In years last birthday) 59 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laberer

10B KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lancaster Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER S NAME Thomas Funtleroy

14 MOTHER S MAIDEN NAME Mary Tolson

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT Mildred Jones

ADDRESS 1917 Mc Culloh St

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the cause of death clearly and fully.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure

DUE TO

(B) Arteriosclerotic Gangrene

DUE TO

(C) Rt Leg

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 5-24-49

19B MAJOR FINDINGS OF OPERATION Gangrene Rt Leg

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 4-20 *, 19*49 *to* 5-24 *, 19*49 *that I last saw the deceased alive on* 5-24 *, 19*49 *and that death occurred at* 9:52 *m., from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B ADDRESS 803 W. Fayette

23C DATE SIGNED 5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/27/1949

24C NAME OF CEMETERY OR CREMATORY Beleau Cem.

24D LOCATION (City, town, or county) (State) Lancaster Co. Va.

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949

REGISTRAR S SIGNATURE [signature], M.D.

25 FUNERAL DIRECTOR

ADDRESS Elroy O. Wilson 1000 Brantly Ave.

VS 150

97

4763 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74763 Registered No.

1. NAME OF DECEASED (Type or Print): Rebecca Rushmore

2. DATE OF DEATH: May 26 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md - B. COUNTY: Prince George
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laurel -
D STREET ADDRESS (If rural, give location): — —

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: 6-30-46 | 9 AGE (In years last birthday): 2 yrs. | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Pa. - | 12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Rushmore | 14 MOTHER'S MAIDEN NAME: Bertha Elmquist

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): | 16 SOCIAL SECURITY NO: | 17 INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Leukemia, Myeloid acute — INTERVAL BETWEEN ONSET AND DEATH: 8 wks.

DUE TO (B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 14 48 *to* May 26, 1949 *that I last saw the deceased alive on* May 26, 1949 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harrison Clark Spencer M. D. | 23B ADDRESS: JOHNS HOPKINS HOSPITAL | 23C DATE SIGNED: 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: May 30, 49 | 24C NAME OF CEMETERY OR CREMATORY: Sheffield | 24D LOCATION (City, town, or county) (State): Sheffield Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: Henry Sander & Son Inc ADDRESS: Baltimore Md

VS 150

74a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.

G74764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 46

G74764 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BERNARD JAMES KELLEY

2. DATE OF DEATH May 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore 35 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Va.
B. COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alexandria
D. STREET ADDRESS (If rural, give location) 11 E. Glebe Road

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
M	W	Married	5/22/02	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sls	USCG	Mass.	USA

13. FATHER'S NAME Michael Kelley

14. MOTHER'S MAIDEN NAME ? French

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
WW 2		---	Records,	US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma nasopharynx with wide-spread metastasis — INTERVAL BETWEEN ONSET AND DEATH: One Year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Apr. 21, 1949 *to* May 26, 1949, *that I last saw the deceased alive on* May 26, 1949 *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto, Md.	5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31-1949	Arlington Nat'l Cem	Arlington Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Williams, M.D.	Hoff C & B M Wallace	Church & Alexandria

VS 150

45F

REGISTRAR: Every item of information should be entered legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the cause of death clearly and correct age is especially important. Physician: please write

G74765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

754.4 G74765

Registered No.

BIRTH NO. B.C. 49-03474

1. NAME OF DECEASED (Type or Print): EDWARD RANDOLPH BROWN

2. DATE OF DEATH: 5-26-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSP.

c. Length of stay in Baltimore: 3 Yrs. 19 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3656 MALDEN AVE 12-8

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	S	2-7-49		3	19		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~~

10B. KIND OF BUSINESS OR INDUSTRY: ~~~

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH R. BROWN

14. MOTHER'S MAIDEN NAME: ROSE PIERHNEICKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: MOTHER ADDRESS: 3656 MALDEN Ave. Balt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO
(B) CONGENITAL HEART DISEASE — 3 DAYS SINCE BIRTH
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 1949 *to* 5-26, 1949 *that I last saw the deceased alive on* 5-26, 1949, *and that death occurred at* 2:02 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Donald Emge M.D.

23B. ADDRESS: UNION MEMORIAL HOSP

23C. DATE SIGNED: 5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 5/28/49

24C. NAME OF CEMETERY OR CREMATORY: St. Marys - Hamilden

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949

REGISTRAR'S SIGNATURE: Custington Williams, M.D.

25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul st Balto. Md.

VS 150

157E

G74766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74766

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sye, Paul

2 DATE OF DEATH 5/24/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-2
D STREET ADDRESS (If rural, give location) 648 Houser Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore 75 Yrs. Mos. Days

5. SEX Male
6. COLOR or RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 11/17/1883 (1873)
9. AGE (In years last birthday) 75
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME —
14 MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17 INFORMANT Rose H. Sye ADDRESS 827 Ostend St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency
DUE TO
(B) Hypertensive Cardiovascular Renal Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Gangrene of leg Right

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/29, 1949 *to* 5/29, 1949, *that I last saw the deceased alive on* 5/29, 1949, *and that death occurred at* 9 30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Dr Morris W. Moore Sr M. D.
23B ADDRESS Provident Hospital
23C DATE SIGNED 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 28-49
24C NAME OF CEMETERY OR CREMATORY Mt Auburn
24D LOCATION (City, town, or county) (State) Balto

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR James A. Hayes
ADDRESS 142 Wolfe St

VS 150

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ascertained and correct age is especially important. Physician: please write fully and legibly. Write the cause of death clearly and

G74707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760.5

G74707

Registered No.

BIRTH NO. BC.49-10408

1. NAME OF DECEASED (Type or Print) Baby Boy Middleton

2. DATE OF DEATH 5-20-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home + Hospital

C. Length of stay in Baltimore 50 hr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1402 Hoadley 24-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Child	5-19-49		X / 2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME: Calvin Middleton

14. MOTHER'S MAIDEN NAME: Margaret Schuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		Son

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 50 hrs

DUE TO

(B) Precipitate Labor — 50 hrs

DUE TO

(C) Prematurity — 50 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 18, 1949, *to* May 20, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 6 20 a *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. William Dorman Jr M. D.	3101 St Paul St	May 20, 1949.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL MAY 23 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Hattie Lee Williams M.D.		

VS 150

160a

PLEASE WRITE LEGIBLY. WITH UNFADING INK. Any item of information should be entered correctly and completely. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

G74708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

'49 4

G74708 Registered No.

BIRTH NO. B.C. 49-10198

1. NAME OF DECEASED (Type or Print) Baby Farley (Boy)

2. DATE OF DEATH 5/22/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-6
D. STREET ADDRESS (If rural, give location) 1300 S. Ponca Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Single	5/22/49			1 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carl E. Farley

14. MOTHER'S MAIDEN NAME Ruby Jean Asher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO —

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO Meconium

INTERVAL BETWEEN ONSET AND DEATH: 1 hr. 50 M.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/22/49, 19__, *to* 5/22/49, 19__, *that I last saw the deceased alive on* 5/22/49, 19__, *and that death occurred at* 8:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE J. L. Hollister M. D.

23B. ADDRESS 1213 Light Street

23C. DATE SIGNED 5/23/49

24A. BURIAL, CREMATION, REMOVAL (Specify) B

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State) MAY 23 1949

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

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PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. Be sure to write the cause of death clearly and fully. Correct age is especially important. Physician: please write plainly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-10180 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Erkes

2. DATE OF DEATH: May 21, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

c. Length of stay in Baltimore: 21 days (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 15-11
D STREET ADDRESS (If rural, give location): 3413 Dennlyn Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	S.	May 20, 1949			2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Maryland	

13. FATHER'S NAME: Meyer Erkes

14. MOTHER'S MAIDEN NAME: Irene Sherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Dr. Isadore Scher	1115 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Pr Prematurity

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 20, 1949, *to* May 21, 1949, *that I last saw the deceased alive on* May 21, 1949, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Sydney A. Warren M.D.	Sinai Hospital	May 24 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY	24D. LOCATION (City, town, or county) (State)
		[illegible] MAY 25 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Willis	[illegible] Commissioner of Health	

VS 150

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PLEASE WRITE LEGIBLY. Every item of information should be carefully supplied. Use black ink. Be sure to write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Correct age is especially important.

6747.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6747.0

BIRTH NO. B.C.49-10252

1. NAME OF DECEASED (Type or Print): Baby Boy Smith

2. DATE OF DEATH: 5-16-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: 4-2
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 759 Saratoga St.
D. STREET ADDRESS (If rural, give location): 759 Saratoga - University Hospital Loyola Ed.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 day: Months	Days	If under 1 day: Hours	Min.
M	Black	Single	5-16-49	0	0	0	13	30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Smith
14. MOTHER'S MAIDEN NAME: Eunice Lowery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —
17. INFORMANT: Eunice Lowery Smith ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity 6th birth weight 737gms.
DUE TO
ANTECEDENT CAUSES
(B) ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 AM 1949 *to* 8 PM 5-16, 1949, *that I last saw the deceased alive on* 5-16, 1949, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: H.R. Winterling M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 5-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): City Burial
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

JOHN HOPKINS MEDICAL SCHOOL MAY 20 1949

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

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6747.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1949

Registered No. 6747.1

BIRTH NO. B.C. 49-10242

1. NAME OF DECEASED (Type or Print): Baby Boy Wallace

2. DATE OF DEATH: 5-18-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital (Ward)

c. Length of stay in Baltimore: Yrs. — Mos. — Days 20½ hrs.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: 15-2
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1706 Lorman St

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5-17-49
9. AGE (In years last birthday): 0 — Under 1 Year: Months — Days — Under 24 Hours: Hours 20 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred F. Wallace
14. MOTHER'S MAIDEN NAME: Jeanette Baskville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.

17. INFORMANT: Fred F Wallace — ADDRESS: Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage (?) Due to Prematurity

DUE TO ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) DUE TO Normal delivery with cord prolapse & low forceps

(C) Spinal asthenia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 5-17-49
19B. MAJOR FINDINGS OF OPERATION: Birth of patient

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17 1949 to 5-18 1949 that I last saw the deceased alive on 5-18 1949 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 5-18-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: May 20 1949
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State):

25. FUNERAL DIRECTOR: Commissioner of Health — ADDRESS:

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

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G747.72

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 5 ✓

G747.72

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): CAROLINE SNYDER

2 DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anderson Nursing Home, 3520 N. Hilton St.

c. Length of stay in Baltimore: Yrs. — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-1
D STREET ADDRESS (If rural, give location): 1834 W. Fairmount Ave.

5. SEX: Female
6 COLOR OR RACE: white
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Jan. 13, --
9 AGE (In years last birthday) If under 1 year: Months — Days — If under 1 day: Hours — Min. —: about 80 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Laurel, Md.
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Shook

14 MOTHER'S MAIDEN NAME: Caroline --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16 SOCIAL SECURITY NO: no

17 INFORMANT: Mrs. J. D. Ruppersberger
ADDRESS: Larchmont Park Drive

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Bronchopneumonia Type unknown	4d-13
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) DUE TO	Senility	
	(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		Hemiplegia, Right side	2 weeks

19A. DATE OF OPERATION: —
19B MAJOR FINDINGS OF OPERATION: —
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* MAY 13, 1949, *to* MAY 25, 1949, *that I last saw the deceased alive on* MAY 25, 1949, *and that death occurred at* 10:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Melvin N. Borden, M. D.
23B ADDRESS: 203 W. Fayette St
23C DATE SIGNED: 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 5/28/49
24C NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

VS 150

83D

G74773 G74773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6,10

BIRTH NO

1. NAME OF DECEASED (Type or Print) Henry William Inman

2. DATE OF DEATH May 26, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Sinai Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 21-1
D. STREET ADDRESS (If rural, give location) 4108 Groveland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	widowed	Oct. 28, 1871	77 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Consulting Engineer	Stell Specialties, Inc	England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Inman	unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Mrs. Edith R. Fox	4108 Groveland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Septicemia, heart failure	24 hrs
DUE TO (B)	Shock (Surgical & hemorrhage	36 hrs
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Prostatectomy	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Coronary heart disease Bladder neoplasm	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/24/49	Benign Prostate hypertrophy	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/10, 1949, *to* 5/26, 1949, *that I last saw the deceased alive on* 5/26, 1949, *and that death occurred at* 2.00 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis A. Jaskini M. D.	Sinai Hospital	5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/38/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Williams, Md.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

137a

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G747.4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G747.4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 14-3
(If outside city or town limits write RURAL and give town)
(d) Street No. 2123 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett (Hattie) Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Widowed

6 (b) Name of husband or wife James Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13-1884

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Easton Maryland
(Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John T. Jackson
13. Birthplace Easton, Maryland

MOTHER
14. Maiden Name
15. Birthplace Easton, Maryland

16 (a) Informant Mrs Anna Wilson
(b) Address 2123 Division St

17 (a) Burial (b) Date thereof May 28-49
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus, Maryland

18 (a) Funeral director Joseph I. Russ
(b) Address 1200 McCulloh St

19 (a) MAY 27 1949 (b) Easton Williamsport Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1949, at 11:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1949, to 5-25 1949 and that I last saw h alive on 5-25 1949.

Immediate cause of death
Cardio Sclerosis
Due to Renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Butler M.D.
Address 2133 Division St Date signed 5/31/49

VS 150

131a

G74775 G74775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 773.5
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baby Girl Larkins
2. DATE OF DEATH 5-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
C. Length of stay in Baltimore 1 hr. 40 min. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-4
D. STREET ADDRESS (If rural, give location) 700 N. Payson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White		5-4-49			1 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME Winfield Larkins
14. MOTHER'S MAIDEN NAME Bernice Horsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Bernice Larkins	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Respiratory Failure
DUE TO
(B) Prematurity

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

(INTERVAL BETWEEN ONSET AND DEATH)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-4 —, 19—, *to* 5-4-49, 19—, *that I last saw the deceased alive on* 5-4, 19 49, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
P A Petersen M. D.	University Hos	5-13-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL	MAY 20 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Washington Williams, M.D.	Commissioner of Health	

VS 150

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correct age is especially important. Physician: please write the cause of death clearly and fully.

Hospital Disposal

G747.76

BIRTH NO. B.C. 49-10489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G747.76

1. NAME OF DECEASED (Type or Print): Baby Boy Richie

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Case Room

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson's Station, Balto

D. STREET ADDRESS (If rural, give location): 116 Chestnut St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year, Months Days; If under 24 hours, Hours Min.)
Male	Colored		5-19-49	2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME: Lawrence L. Richie

14. MOTHER'S MAIDEN NAME: Mildred

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-19-, 1949 *to* 5-14-, 1949, *that I last saw the deceased alive on* 5-19-, 1949, *and that death occurred at* 6:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H. Angell, M. D.	JOHNS HOPKINS HOSPITAL	5/21/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
MAY 27 1949		Loyd Dupont	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Williams, MD		

VS 150

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Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74717 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74717

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Baby Girl Burnham

2. DATE OF DEATH: May 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 172 N. Preu
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Howard - Sp Rd
D. STREET ADDRESS (If rural, give location): Todd Ave Box 13

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 5-19-49 | 9. AGE (In years last birthday): N.B. | If Under 1 Year: Months, Days: | If Under 24 Hours: Hours, Min.: 7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Burnham | 14. MOTHER'S MAIDEN NAME: Dorothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: JOHNS HOPKINS HOSPITAL | ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. | INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity

DUE TO (B) Atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14- 1949 *to* 5-19- 1949, *that I last saw the deceased alive on* 5-19- 1949, *and that death occurred at* 12 30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Milton Nesbitt, M.D. M.D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY: Hosp Dept | 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR | ADDRESS

VS 150

159

Please write the cause of death clearly and legibly. Physician: please write correct age is especially important.

G74778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

010 G74778

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert Fleming

2. DATE OF DEATH: May 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22-2
D. STREET ADDRESS (If rural, give location): 818 Chena St

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-8-23
9. AGE (In years last birthday): 25 — If Under 1 Year: Months 10, Days 17 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): So Carolina
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Fleming
14. MOTHER'S MAIDEN NAME: Leola Cockfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

Physician: please write the cause of death clearly and legibly. Cause of death is especially important.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

(B) Miliary Tuberculosis — 6 days

DUE TO

(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/11, 1949 *to* 5/25, 1949 *that I last saw the deceased alive on* 5/25, 1949, *and that death occurred at* 1 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bertram E. Smith, M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/26/49
24C. NAME OF CEMETERY OR CREMATORY: Lake City Sc Cemetery
24D. LOCATION (City, town, or county) (State): Florence County So C.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jos A. Lucky
ADDRESS: 661 West Barre St

VS 150

13B

G747.79

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C.H-07866 CERTIFICATE OF DEATH 93 Registered No. G747.79

1. NAME OF DECEASED (Type or Print) CAROL ANN YOUNG.

2. DATE OF DEATH 5-25-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP.

c. Length of stay in Baltimore 4 Yrs. 8 Mos. 27 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE.

D STREET ADDRESS (If rural, give location) 705 BUNNECKE AVE 12-6

5. SEX F

6. COLOR or RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH 8-21-44

9. AGE (In years last birthday) 4 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN SOMMERVILLE YOUNG

14. MOTHER'S MAIDEN NAME ETHEL SUPPER SIPPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO

17. INFORMANT MOTHER ADDRESS 705 BUNNECKE AVE. BALT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I (A) MEDULLOBLASTOMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH MAY 1 → MAY 25

19A. DATE OF OPERATION 5-24-49

19B. MAJOR FINDINGS OF OPERATION MEDULLOBLASTOMA

20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 5, 1949, *to* MAY 25, 1949 *that I last saw the deceased alive on* MAY 24, 1949, *and that death occurred at* 5:50 A *m., from the causes and on the date stated above.*

23A. SIGNATURE James McC. Finney M.D.

23B ADDRESS UNION MEMORIAL HOSP.

23C DATE SIGNED 5-25-49

24A BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE May 27, 1949

24C. NAME OF CEMETERY OR CREMATORY Moreland Park

24D LOCATION (City, town, or county) Taylor Ave (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949

REGISTRAR'S SIGNATURE Winston Williams, MD

25 FUNERAL DIRECTOR Paul E. Lehmann

ADDRESS 3652 Old Frederick Rd.

VS 150

54a

Please write the cause of death clearly and fully. Physician: please write the cause of death clearly and fully. Important. Physician: please write the cause of death clearly and fully. Correct age is especially important.

4780

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

584 G74780

Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Catherine Borchardt

2. DATE OF DEATH May 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 721 N. Luzerne Avenue 7-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
female	white	married	May 11, 1884	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		France	U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Mr. Bethold E. Borchardt	721 N. Luzerne

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hepatitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) chronic gall bladder dis. DUE TO
(C) cholelithiasis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis - Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/18/49	Cholecystitis - Cholelithiasis - Hepatomegaly	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/8/ , 1949 *to* 5/24 , 1949, *that I last saw the deceased alive on* 5/24/, 1949 *and that death occurred at* 11 45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Bon Secours Hosp.	5/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/49	Holy Redeemer Cemetery	4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 27 1949	Huntington Williams, M.D.	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

126

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74781 ✓ + 60 G74781

G74781 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD O. MORNE

2. DATE OF DEATH MAY 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & INF.

c. Length of stay in Baltimore 23 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNDALK
D STREET ADDRESS (If rural, give location) 29 ADMIRAL BLVD.

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	MARRIED	DEC 17 1880	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Eng
10B. KIND OF BUSINESS OR INDUSTRY Pat. - B & O. R.R.
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12 CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME HARRY MORNE
14 MOTHER'S MAIDEN NAME MARY STEVER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO
17 INFORMANT Edward L. Morne ADDRESS 2527 Liberty Pkwy.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis
DUE TO
(B) General Arteriosclerosis
DUE TO
(C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Hiram Fores M. D.
23B ADDRESS #316 Med. arts Bldg.
23C DATE SIGNED May 28 '49.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Sept 1/49
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
24D LOCATION (City, town, or county) (State) Eastern Blvd. Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949
REGISTRATION Arbutus, Md.
25. FUNERAL DIRECTOR Roland L. Fisher ADDRESS Dundalk 22 Md

VS 150

61

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 rd G74782

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Michael Costello

2. DATE OF DEATH: 5/25/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.B.G. Hosp.
C. Length of stay in Baltimore: 35 yrs (Yrs. / Mos. / Days)

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md 19-4
D. STREET ADDRESS (If rural, give location): 9 S. Fulton Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Single	Apr. 21-1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy-man		Ireland	

13. FATHER'S NAME: John Costello
14. MOTHER'S MAIDEN NAME: Mary McGreal

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Hannah Twomey ADDRESS 1263 [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Myocardial Infarction	24 hrs
DUE TO (B)	Arteriosclerosis Generalized	[illegible]
DUE TO (C)	Hydronephrosis Bilateral	[illegible]

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Amyloidosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22, 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* 5/25, 1949, *and that death occurred at* 1:15 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	5 Bell	5/25/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5-28-1949	Cathedral	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Williams, M.D.	Flynn & Fleming	1426 Light St.

94a

Correct age is especially important. Physician: please write the cause of death clearly and fully.

BANKS

G74783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74783

Registered No. 1 51

BIRTH NO

1. NAME OF DECEASED (Type or Print): George Banks

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Dalen 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-4
D. STREET ADDRESS (If rural, give location): 2120 W Fulton Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Separated		57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watch Repairman		Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Banks	Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Rectum	4 yrs
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-25, 1949, *to* 5-25, 1949, *that I last saw the deceased alive on* 5-25, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bertram E. Spratlin M. D.	JOHNS HOPKINS HOSPITAL	5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/49	Arbutus	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Huntington Williams, M.D.	Geo. C. Kelson	1303 Presstman St.

VS 150

463

Physician: please write the cause of death clearly and legibly. Correct age is especially important.

AB-129090

G74784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74784

BIRTH NO. BC-48-10998

1. NAME OF DECEASED (Type or Print): Anthony Seth Taylor

2. DATE OF DEATH: May 26-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2429 Terra Ferma Road

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 10-1948
9. AGE (In years last birthday) / If Under 1 Year: Months Days / If Under 24 Hours: Hours Min.: 1 yr.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Taylor
14. MOTHER'S MAIDEN NAME: Jeannette Curry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Tuberculous meningitis	3 wks.
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19, 1949, *to* 5-26-, 1949, *that I last saw the deceased alive on* 5-26-, 1949, *and that death occurred at* 10 AM, *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Cooper M.D.
23B. ADDRESS: Baltimore City Hospitals
23C. DATE SIGNED: May 26-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/29/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR / ADDRESS: Geo. G. Kelson 1303 Pressman St.

VS 150

14

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74785 ✓ No. 1. G74785

BIRTH NO. G74785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 Registered No.

1. NAME OF DECEASED (Type or Print): August Moore

2. DATE OF DEATH: May 23,1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1118 Ensor St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 Ensor St.,Baltimore

c. Length of stay in Baltimore: 66yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-1
D. STREET ADDRESS (If rural, give location): 1116 Ensor St.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 1 Day: Hours / Min.
Male	White	Married	Dec.30.1883	66 yrs.	4	24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Agent	Prudential Ins.Co	Baltimore,Md.	U.S.A.

13. FATHER'S NAME: Lewis B.Moore

14. MOTHER'S MAIDEN NAME: Ann Yoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Mrs Ann Link	4017 Ridgecroft Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary infarction
DUE TO
(B) Coronary sclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 22, 1948 *to* 5/22, 1949 *that I last saw the deceased alive on* 5/22, 1949, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. L. Konstam M.D.	204 E. 33rd St	5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28,1949	New Cathedral Cemetery	Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 27 1949	Tustington Williams, M.D.	Elmer W.Conklin	924 E.Eager St.

94a

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74786

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Bertha Schmidt

2. DATE OF DEATH: May 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Balt. Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 14 S. Prospect Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 9 1883
9. AGE (In years last birthday): 65 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Yingling
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Gertrude Howe — ADDRESS: 14 S Prospect Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Diabetes Mellitus
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Gangrene foot due to
(C) Arteriosclerotic Heart Dis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Pos. Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 5/17/49
19B. MAJOR FINDINGS OF OPERATION: Gangrene - foot - left
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10/ 1949 *to* 5/26/, 1949, *that I last saw the deceased alive on* 5/26, 1949, *and that death occurred at* 1.30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. L. Mohler M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: MAY 28'49
24C. NAME OF CEMETERY OR CREMATORY: WOODLAWN
24D. LOCATION (City, town, or county) (State): WOODLAWN, MD

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Tustington Williams M.D.
25. FUNERAL DIRECTOR — ADDRESS: HARRY H WITZKE - 4101 EDMONDSON AVE

VS 150

61

Correct age is especially important. Physician please write the cause of death clearly and legibly.

GN. 125748

G74787

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74787

1. NAME OF DECEASED (Type or Print): William Stritch

2. DATE OF DEATH: 5- 26- 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-2
D STREET ADDRESS (If rural, give location): 27 N. Carey St. (Nursing Home)

5 SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8 DATE OF BIRTH: July 1-1865
9 AGE (In years last birthday): 83 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11 BIRTHPLACE (State or foreign country): MD,
12 CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: William J. Stritch (D)
14 MOTHER'S MAIDEN NAME: Katherine Mara (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) / (If yes, give war or dates of service) /
16 SOCIAL SECURITY NO
17 INFORMANT: B.C.H. Records 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
(B) Debility
DUE TO
(C) Coronary Sclerosis & Myocardial Fibrosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1- 3-48, 1948 *to* 5- 26 -, 1949, *that I last saw the deceased alive on* 5- 26- 1949, *and that death occurred at* 1.50 PM, *from the causes and on the date stated above.*

23A SIGNATURE: [signature] M.D.
23B ADDRESS: B.C.H. Records 4940 Eastern Ave.
23C DATE SIGNED: 5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: 5/30/49
24C NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: [signature]
25 FUNERAL DIRECTOR: John J. Corvanston
ADDRESS: 700 Hollins St.

VS 150

93)

Please write the cause of death clearly and legibly. Physician's signature is especially important.

G74788
ES-125859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E903.1 G74788

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anne Elizabeth Harvey

N-821.0

2 DATE OF DEATH 5-26-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Balto. City Hospitals

c. Length of stay in Baltimore — Yrs. Life — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 28-1
D. STREET ADDRESS (If rural, give location) 4208 Elderow (Elderon) Ave.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.
8. DATE OF BIRTH Aug. 23, 1871
9. AGE (In years last birthday) 77 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper (retired)
10B. KIND OF BUSINESS OR INDUSTRY Lord Balto. Hotel

11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Hezekiah Motter

14. MOTHER'S MAIDEN NAME Lillie Sheeley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT RECORDS BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Fracture, Left Femur

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
G. G. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4208 Elderow (Elderon) Ave.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 6, 1949 A. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Slipped and fell to kitchen floo

22. *I hereby certify that I attended the deceased from* 1-6 19 49 *to* 5-26 19 49, *that I last saw the deceased alive on* 5-26 19 49, *and that death occurred at* 3:25 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE C. S. Rogers M. D.

23B. ADDRESS 4940 Eastern Avenue

23C. DATE SIGNED 5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/28/49

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25 FUNERAL DIRECTOR WM. J. TICKNER & SONS

ADDRESS Balto., Md.

VS 150 TOBE APPROVED BY THE MEDICAL EXAMINER.

186a

Cause of death is especially important. Physician please write the cause of death clearly and legibly.

G74789
JL- 93706

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 5 1

G74789
Registered No.

1. NAME OF DECEASED (Type or Print): Fred Schneider

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-1
D. STREET ADDRESS (If rural, give location): 1643 W. North Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Div.	Dec. 4, 1890 ?	58 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Schneider
14. MOTHER'S MAIDEN NAME: Sadie E. Snack(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Dissecting Abdominal Aneurysm
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis Extensive
XXXXX

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
xRight Hemiplegia - due to left Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [No] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19, 19 45 *to* May 25, 19 49 *that I last saw the deceased alive on* May 25, 19 49, *and that death occurred at* 10.25PM *from the causes and on the date stated above.*

23A. SIGNATURE: C. A. Rozar M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/49	Loudon Park Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons-North & Penna. Aves. ADDRESS:

VS 150

96

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

G74730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97-2

Registered No. G74730

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas L. Wheeler — 2. DATE OF DEATH: 5/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md — B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 27-28
D. STREET ADDRESS (If rural, give location): 1112 Fleet Eagle Pl

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married		72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPLOYED		Va	

13. FATHER'S NAME: Howard Wheeler
14. MOTHER'S MAIDEN NAME: Anne Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Joseph Brennan	Towson. Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Barbiturate Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	at home	1112 Fleet Eagle Pl

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5/26/49 about 9:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Swallowed about 20 Barbitury capsules

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. J. Pelham M.D.	☑	5/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May. 28, 1949	Cathedral.	Baltimore. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	H. W. Mears & Son.	805 N. Calvert St

VS 151

163 B

✓

G74791 G74791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 161

1. NAME OF DECEASED (Type or Print): John G. Hammond

2. DATE OF DEATH: 5/25/492

3. PLACE OF DEATH:
A. Baltimore City, Maryland 414 E Gittings St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 414 Gittings Street 24-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	S	2/2/1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Balto. City	Baltimore	

13. FATHER'S NAME: Robert Hammond

14. MOTHER'S MAIDEN NAME: Georgianna Dillehunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		Family - Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Lung.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO Pulmonary Metastases.
(C) Myocardial Insufficiency

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 2, 1949 to May 25, 1949, that I last saw the deceased alive on May 24, 1949, and that death occurred at 1158 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	1337 S. Charles St.	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	5/28/49	Loudon Park	3801 Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 2 1949	Curlington Williams, M.D.	John L. McCurley	130 E. Fort Ave.

VS 150

47a

Please write the cause of death clearly and legibly. Physician: please write as exact age is especially important.

G74792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74792 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Beggie A. Long

2. DATE OF DEATH 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-5

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. Length of stay in Baltimore 35 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2806 Guilford ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W		aug 22	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		md	

13. FATHER'S NAME Wm Bernard Long

14. MOTHER'S MAIDEN NAME Mary Liggett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

DUE TO

(B) Carcinoma of Colon — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
5/18/49	Carcinoma of Colon	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 23, 19 49, *to* May 28, 19 49, *that I last saw the deceased alive on* May 28, 19 49, *and that death occurred at* 3:20 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John R. Shell M. D.	Mercy Hospital	5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/31/49		Druid Ridge Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, MD	Jas. L. Keating by Jas. L. Keating Jr.	Lansdowne Md.

VS 150

46E

G74793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74793 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mendurss Horace Dees

2. DATE OF DEATH: May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Mbg 3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Miss
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Biloxi
D. STREET ADDRESS (If rural, give location): 527 E. Beach Blvd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 hours: Hours Min.
Male	White	Married	10-17-84	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Auto Dealer

11. BIRTHPLACE (State or foreign country): Miss

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A A Dees

14. MOTHER'S MAIDEN NAME: Jane Ramsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: please write all important. Correct age is especially important.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myasthenia Gravis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4-, 1949 *to* 5-27-, 1949 *that I last saw the deceased alive on* 5-27-, 1949 *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE J Shilen M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 5/28/49

24C. NAME OF CEMETERY OR CREMATORY: Biloxi

24D. LOCATION (City, town, or county) (State): Miss.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1949

REGISTRAR'S SIGNATURE: Huntington Williams, Md

25. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 127 St. Paul St.

VS 150

1562

G74794 Dr. Gordy

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1949.1

G74794 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Georgia H. Strumsky

2. DATE OF DEATH: May 25 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2900 Southern Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2900 Southern Avenue 7-3

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 26, 1877
9. AGE (In years last birthday): 71
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Duncan
14. MOTHER'S MAIDEN NAME: Amelia Tweedel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John H. Strumsky, ADDRESS: 2900 Southern

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cancer of Right Lung	1 year
ANTECEDENT CAUSES	DUE TO (B) Cancer Right side of Neck.	3 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION: July 1946
19B. MAJOR FINDINGS OF OPERATION: Cancer of Right side of Neck
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7 1946 *to* May 25, 1949, *that I last saw the deceased alive on* May 25, 1949, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: L. L. Gordy M.D.
23B. ADDRESS: 5106 Harford Road
23C. DATE SIGNED: May 26 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-28-49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1949
REGISTRAR'S SIGNATURE: Cunningham Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Ruck, ADDRESS: 5305 Harford Road.

VS 150

55E

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

Dr. Stevens

G74795 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59 ✓ — Registered No. G74795

1. NAME OF DECEASED (Type or Print): Catherine Mary O'Connor

2. DATE OF DEATH: May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1416 E. Fort Avenue
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1416 E. Fort Avenue 24-1

5. SEX	6 COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widowed	Aug. 22, 1866	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
at home		New York	U S ✓

13. FATHER'S NAME: Patrick Noonan

14 MOTHER'S MAIDEN NAME: Ann ? ✓

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No			Vincent O'Connor, 1416 E. Fort Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Bronchopneumonia	3 d.
	DUE TO	Uraemia	7 d.
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Arterio Sclerosis - Hypertension	7 y.
	DUE TO		
	(C)	Chronic Interstitial Nephritis	7 y.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 21, 1949, to May 27, 1949, *that I last saw the deceased alive on* May 26, 1949, *and that death occurred at* 12:30a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. F. A. Strouss M. D.	2878 Harford Rd	5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-30-49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	Leonard J. Ruck	5305 Harford Road.

VS 150

121a

Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

G74796

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74796
Registered No.

1. NAME OF DECEASED (Type or Print) George Custer

2. DATE OF DEATH May 26 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-2
D. STREET ADDRESS (If rural, give location) 914 E. Pratt St

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 4-14-82
9. AGE (In years last birthday): 67 — If under 1 Year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morton Custer
14. MOTHER'S MAIDEN NAME: Mary Linty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Important. Physician: please write the cause of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Rupture hypogastric artery — Interval between onset and death: 20 hrs
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25 1949 *to* May 26 1949, *that I last saw the deceased alive on* May 26 1949, *and that death occurred at* 4:00 a m., *from the causes and on the date stated above.*

23A. SIGNATURE William D. Dabney M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 5/27

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/28/49
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary
24D. LOCATION (City, town, or county) (State): Baltimore Co Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: M. F. Sadowski & Son
ADDRESS: 1808 Eastern Ave

VS 150

99

G74797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74797

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Paul Rakowski

2. DATE OF DEATH 5-27-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

C. Length of stay in Baltimore 6 Yrs. 2 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto
D. STREET ADDRESS (If rural, give location) 1709 Banks St. 2-2

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 1-3-87
9. AGE (In years last birthday) 62 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10B. KIND OF BUSINESS OR INDUSTRY Clothing
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Rakowski
14. MOTHER'S MAIDEN NAME Kunagunda Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Renal Disease
DUE TO

(B) Uremia
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-, 1949, to 5-27-, 1949, that I last saw the deceased alive on 5-27-, 1949, and that death occurred at 3 PM m., from the causes and on the date stated above.

23A. SIGNATURE C. D. Thomas, Jr., M.D.
23B. ADDRESS Mercy Hosp.
23C. DATE SIGNED 5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/30/49.
24C. NAME OF CEMETERY OR CREMATORY Holy Cross
24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR M. F. Fedorchak Son ADDRESS 1808 Eastern Avenue

VS 150

1310

674798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 674798

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN (KASPER) (CASTER) KASPRZAK

2. DATE OF DEATH: May 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1608 Fleet Street 2-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Single	Unknown	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanislaus Kasprzak	Josephine Stacharowska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
No		Mr. George Kasper, 1915 Fleet Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic cardiovascular disease	
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. J. Pelzinski M.D.	☒	5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31, 1949	Sacred Heart of Mary	Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
MAY 28 1949	Huntington Williams, M.D.	W. F. Sadowski & Sons, 1308 Eastern Avenue

VS 151

93D

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Exact age is especially important.

G74799
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

G74799
Registered No.

1. NAME OF DECEASED (Type or Print): Lemuel Henry Downey

2. DATE OF DEATH: May 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3733 Keswick Road
c. Length of stay in Baltimore: 30 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3733 Keswick Road 12-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	August 1, 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brushmaker	Retired 4 years	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Downey	Henrietta ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-01-4508	John L. Downey	3662 Keswick Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach
DUE TO
(B) Metastasis to liver & lungs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 10 *19* 48 *to* May 28, 1949 *that I last saw the deceased alive on* May 28, 1949 *and that death occurred at* 2.25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Conrad Wallenstein M.D.	848 N 36 Apt	5/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Lorraine Park	Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Tunstin Williams, M.D.	Burgee Funeral Home	3631 Falls Road

VS 150

46B

Correct age is especially important. Physician: please write the cause of death clearly and forcibly.

G74800

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74800

Registered No.

1. NAME OF DECEASED (Type or Print): Hyland P. Stewart, Jr.

2. DATE OF DEATH: May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 106 W. University Pky

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY: none
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 106 W. University Parkway

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 22, 1891
9. AGE (In years last birthday) / If Under 1 Year Months Days / If Under 24 Hours Hours Min.: 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10B. KIND OF BUSINESS OR INDUSTRY: real estate
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: Hyland P. Stewart
14. MOTHER'S MAIDEN NAME: Mary Adams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Alice B. Stewart - ADDRESS: 106 W. Univ. Pky.

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician: please write the cause of death clearly and legibly. Physician:

J.L.- 103365

G74801

G74801

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Elizabeth Dawson Burgoyne

2. DATE OF DEATH: 5- 25- 49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 20 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1523 Eutaw Place 14-1

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: ? ? ?
9. AGE (In years last birthday): 70 ? (If under 1 Year: Months Days; If under 24 hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Dawson
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. Records 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Bronchopneumonia
DUE TO
(C) AScvd.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fatty Liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7- 31- , 1946 *to* May 25- , 1949, *that I last saw the deceased alive on* May 25- , 1949 *and that death occurred at* 9.00PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5- 31- 49
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill
24D. LOCATION (City, town, or county) (State): Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: John C. Mitchell Sons ADDRESS: 1900 Eutaw Place

VS 150

1243

G74802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74802

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY D. STEPHENSON

2. DATE OF DEATH May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Maryland General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-2
D. STREET ADDRESS (If rural, give location) 1708 Eutaw Place, Elmhurst Nursing Home

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 1 hour: Hours	Min.
female	white	SINGLE	Nov. 30, 1857	91				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mrs Lillian Voight	2719 St Paul St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B) Senility
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C DATE SIGNED
William J. McClafferty M D		May 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	5-31-49	MT. OLIVET	Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	John O Mitchell & Son	93D 1900 Eutaw Pl.

VS 151

G74803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60

Registered No. G74803

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDITH V. BONDAY

2. DATE OF DEATH May 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Wyman Park Apts.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) Wyman Park Apts. 12-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widow	Jan. 8, 1874	75 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME: Joseph H. Higly

14. MOTHER'S MAIDEN NAME: Martha Elizabeth Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no		no	Mrs. George H. Bauman	12 Murray Hill Circle

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO Generalized arteriosclerosis	10 yrs
ANTECEDENT CAUSES	(B) DUE TO Diabetes mellitus	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* May 26, 1949 *that I last saw the deceased alive on* May 26, 1949, *and that death occurred at* 7:40 a *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Franklin C. Leslie M. D.	1 W. Pleasant St.	May 27 '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/28/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

61

G74804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74804

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY J. LOCKER

2. DATE OF DEATH MAY 26, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

A. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1717 BARCLAY ST

B. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-5
D. STREET ADDRESS (If rural, give location) 1717 BARCLAY ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
FEMALE	COLORED	WIDOW	Aug. 10, 1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		VIRGINIA	U. S. A.

13. FATHER'S NAME: WILLIAM EDWARDS

14. MOTHER'S MAIDEN NAME: MARTHA PARRISH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No.		

17. INFORMANT: Mrs EMMA LOCKER ADDRESS 1717 BARCLAY ST.

MEDICAL CERTIFICATION

Please write the cause of death clearly and legibly. Physician: Important!

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ARTERIOSCLEROTIC CARDIO-RENAL DISEASE — DUE TO — Interval between onset and death: ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) GENERALIZED ARTERIOSCLEROSIS — DUE TO — ?
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1949, *to* 5-26, 1949 *that I last saw the deceased alive on* 5-26, 1949, *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. Harris M. D.	1824 W. Franklin St	5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 28, 1949	Family lot	Gordonsville, Va

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	Holland Funeral Home	1651 Druid Hill Ave 1210

VS 150

G74805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

G74805

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Carrie Skethers

2. DATE OF DEATH 5-26-49

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-2
D. STREET ADDRESS (If rural, give location) 210 Myrtle Ave #1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	Colored	married	Feb. 6, 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid	Hospital	Md	USA

13. FATHER'S NAME: John Marshall

14. MOTHER'S MAIDEN NAME: Annie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
Unk		

17. INFORMANT: Mrs. Jessie Skethers ADDRESS 210 Myrtle Ave

MEDICAL CERTIFICATION

Correct age is especially important. Physician: please write the cause of death clearly and fully.

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of ascending colon & metastasis to liver & peritoneum. — Interval between onset and death: Unkn.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity & generalized arteriosclerosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-1- , 1949 *to* 5-26- , 1949 *that I last saw the deceased alive on* 5-25- , 1949 *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H Losser M. D	University Hospital	5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 29 1949	Mt. Auburn	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Clinton Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave. 46E

VS 150

G74806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No. G74806

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Edward Goodman

2. DATE OF DEATH: May 27 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1725 Madison Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institutional resident before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-2
D. STREET ADDRESS (If rural, give location): 1725 Madison Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	Aug. 12, 1901	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Hancemon Co. Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Goodman	Ann Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Agnes E. Goodman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 1/5/47 to

DUE TO Cardiac Hypertrophy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterial Hypertension — 5/27/47

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Neither	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 5th, 1947, *to* May 27th, 1947 *that I last saw the deceased alive on* May 27, 1949, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. Mansell Lawrence M. D.	1023 W. Lanvale St.	5-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/31/1949	Arbutus Mem. Pk.	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Registrar for Baltimore, Md.	Holland Funeral Home	1631 Druid Hill Ave 95C

VS 150

Correct and full especially important. Physician please write the cause of death clearly and legibly.

G74807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

581 1 Registered No. G74807

BIRTH NO

1. NAME OF DECEASED (Type or Print) Dorothy Lindsey

2. DATE OF DEATH 5-26-49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-2
D STREET ADDRESS (If rural, give location) 1505 Appleton St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hosp.

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	B	married (sep.)	—	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md	

13. FATHER'S NAME Forest Jarvis

14. MOTHER'S MAIDEN NAME Strother

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Unk.			John Lindsey	1505 Appleton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) gastrointestinal hemorrhage — Interval between onset and death: 1 day?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Laennec's cirrhosis of liver — Unk.

DUE TO

(C) chronic alcoholism

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* 5-23- , 1949 *to* 5-26- , 1949 *that I last saw the deceased alive on* 5-26- , 1949 *and that death occurred at* 8 1/2 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H. Rosser M.D.	University Hospital Balto Md	5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31, 1949	Arbutus Mem. Pk.	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, M.D.	Holland Funeral Home	1691 Druid Hill Ave

VS 150

124a

Correct age is especially important. Physician: please write the cause of death clearly and fully.

G74808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74808 Registered No.

DEATH NO.

1. NAME OF DECEASED (Type or Print) JULIUS WHEATLEY

2. DATE OF DEATH 5-28-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Delaware
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Seaford
D STREET ADDRESS (If rural, give location)

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 26 1880
9. AGE (In years last birthday) 68 — If under 1 Year: Months 8 Days 2 — If under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis P. Wheatley
14. MOTHER'S MAIDEN NAME Ella Burfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Lydia Wheatley ADDRESS Seaford Del.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial pressure
DUE TO
(B) cerebral edema
DUE TO
(C) meningioma, ot origin

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. hemorrhage at tumor site

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 5-23-49
19B. MAJOR FINDINGS OF OPERATION meningioma, ot origin (tumor removed)
20. AUTOPSY? YES X NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 5-19 *,* 19 49 *to* 5-27 *,* 19 49 *that I last saw the deceased alive on* 5-27 *,* 19 49 *, and that death occurred at* 1 20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE Warren M. Brosman M. D.
23B. ADDRESS University Hospital
23C. DATE SIGNED 5-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal
24B. DATE 5/28/49
24C. NAME OF CEMETERY OR CREMATORY Wicomico Memo.
24D. LOCATION (City, town, or county) (State) Salisbury Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Ulbrich Funeral Home ADDRESS 327 Williams St

VS 150

567

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49

G74809

BIRTH NO. Registered No.

1 NAME OF DECEASED (Type or Print) Mary J. Bennett.

2 DATE OF DEATH May 25, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 946 W. Lexington St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 946 W. Lexington St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE 946 W. Lexington St. Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 18-1
D STREET ADDRESS (If rural, give location) 946 W. Lexington St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	C	Widow	October 25, 1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Lancaster, Virginia	U.S.A.

13. FATHER'S NAME Unknown.

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	None	Mary Corbin.	946 W. Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia Lobar, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 24 1949 to May 25 1949, that I last saw the deceased alive on May 24 1949, and that death occurred at 9 a m. from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. R. Johnson M.D.	403 Medical Arts Bldg	5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	5-28-49.	Mt. Auburn Cem	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Lexington Williams, M.D.	Mrs. Katie R. Williams	322 N. Schroeder St

VS 150

108

G74810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G74810 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Carroll

2. DATE OF DEATH: 5/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hosp.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1413 Anchor Street 24-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	3/24/07	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	

13. FATHER'S NAME: James P. Carroll

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

DUE TO

(B) Left Ventricular Hypertrophy — ?

DUE TO

(C) Right Hydronephrosis — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Da) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26/49, 19 , *to* 5/26/49, 19 , *that I last saw the deceased alive on* 5/26/49 *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	1213 Light Street	5/26/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B.	5/30/49.	Catholic	Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 28 1949	Huntington Williams, MD	James L. McCauley	130 S Fort Ave 832

VS 150

CERTIFICATE CORRECTED 6-9-49 43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G74811 Registered No. G74811

1. NAME OF DECEASED (Type or Print): Frances M. Adley

2. DATE OF DEATH: 28 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE CITY
D. STREET ADDRESS (If rural, give location):

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital (DOA)

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Widowed	Feb 18, 1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			

13. FATHER'S NAME: Samuel Beck

14. MOTHER'S MAIDEN NAME: Martha Conley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Oliver Kendall (Grandson) ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO (B)

DUE TO (C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Rammer, Jr. M.D		28 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31, 1949	Wesley Chapel Cem	Kent Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 29 1949	Huntington Williams M.D.	J. Wills Wells	Chestertown Md.

93D ✓

correct age is especially important. Physician: please write the cause of death clearly and fully.

G74812 BALTIMORE CITY HEALTH DEPARTMENT G74812

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Rose Zelditch
2. DATE OF DEATH: MAY 21, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Seton Institute
c. Length of stay in Baltimore: 20 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 425 S. Pulaski St. 20-3
5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ~~5-27-44~~
9. AGE (In years last birthday): 67 — If under 1 year: Months 10, Days ?; If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Isaac Schwartz
14. MOTHER'S MAIDEN NAME: Rebecca — ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: The Seton Institute, ADDRESS: 6420 Reisterstown Road Balto. 15, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia virus — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Acute nephritis; Coronary art dis — 48 hrs — unk.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* May 7, 1949 *to* May 27, 1949 *that I last saw the deceased alive on* 5/27, 1949, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John G Brittner M.D.
23B. ADDRESS: Seton Institute Balto
23C. DATE SIGNED: 5/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-29-49
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 29 1949
REGISTRAR'S SIGNATURE: Hunter Harrison Williams, M.D.
FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 2100 Eutaw Pl

94a

G74813 BALTIMORE CITY HEALTH DEPARTMENT G74813
BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) HARRY TROTZKY — 2. DATE OF DEATH 5-28-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write INCAL and give township) 15-5

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL

D. STREET ADDRESS (If rural, give location) 3303 Burleith Ave

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M — 8. DATE OF BIRTH — 9. AGE (In years last birthday) 68 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Berle

14. MOTHER'S MAIDEN NAME Fagin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT Fannie Trotzky — ADDRESS 3303 Burleith

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

DUE TO

(B) Arteriosclerotic Heart Disease 4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28 1949 to 5/28 1949 that I last saw the deceased alive on 5/28 1949 and that death occurred at 12 35 P m. from the causes and on the date stated above.

23A. SIGNATURE Leonard Stoller M. D. — 23B. ADDRESS Sinai Hospital — 23C. DATE SIGNED 5/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE 5-29-49 — 24C. NAME OF CEMETERY OR CREMATORY Rosedale — 24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1949 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 25. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl

IVE 150 PEPPER 937

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74814 BALTIMORE CITY HEALTH DEPARTMENT E976.4 G74814
CERTIFICATE OF DEATH
Registered No. 14

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH WARE N-853.4 | 2. DATE OF DEATH May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-2
D. STREET ADDRESS (If rural, give location) 1407 Pennsylvania avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year last birthday)	If under 1 Year Months	Days	If under 24 Hours Hours	Min.
Male	Colored	Married	Oct. 14, 1911	37				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		Essex Co. Va	U.S.A.

13. FATHER'S NAME: Joseph Ware
14. MOTHER'S MAIDEN NAME: Martha Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No		Margaret Ware (Wife)	1407 Pa. Av

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet-wound of brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	1407 Pennsylvania Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 25, 1949 11:45 A m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
George G. Mewill M.D.		5-26-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Angel Visit Cemetery	Dunnsville, Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 29 1949	Kensington Williams, M.D.	Charles G. Cooper-51[illegible] N. Carrollton Av	

164c ✓

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

Shuron

G74815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74815
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM ~~SHURON~~ Shuron

2. DATE OF DEATH May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,
D STREET ADDRESS (If rural, give location) 832 Lawrence Street 14-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Widowed	Sept. 10, 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		Md.	U.S.

13. FATHER'S NAME
William Shuron

14. MOTHER'S MAIDEN NAME
Addie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Doris Marshall	142 Vincent Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic myocardial degeneration
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McClafferty M.D.		May 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	May 31, 1949	Mt. Calvary	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 29 1949	[illegible] M.D.	Geo. L. Velson	1303 Pennsylvania Ave.

VS 151

93D

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331

G74816 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): **Harry James Turner**

2. DATE OF DEATH: **May 27th., 1949**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): **1515 Holbrook Street**

c. Length of stay in Baltimore: **Life** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: **Maryland** COUNTY: **City**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): **Baltimore, Maryland** 9-9

D. STREET ADDRESS (If rural, give location): **1515 Holbrook Street**

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	July 6th., 1881	67	10 / 21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Inspector**

10B. KIND OF BUSINESS OR INDUSTRY: **Steel Company**

11. BIRTHPLACE (State or foreign country): **Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME: **James Turner**

14. MOTHER'S MAIDEN NAME: **Emiley Morley**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): **No**

If yes, give war or dates of service: **None**

16. SOCIAL SECURITY NO: **213-07-4828**

17. INFORMANT: **Mrs. Elizabeth M. Turner** ADDRESS: **1515 Holbrook St.**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage.** — INTERVAL BETWEEN ONSET AND DEATH: **a hour**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Arteriosclerosis**

DUE TO

(C) **Chronic Glomerular Nephritis**

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Hypertension** — **Old Cerebral Vascular Accident** — **4 years**

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1944 *to* 5/27, 1949, *that I last saw the deceased alive on* 5/27, 1949 *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: **Sol Smith** M. D.

23B. ADDRESS: **1223 [illegible] North Ave**

23C. DATE SIGNED: **5/27/49**

24A. BURIAL, CREMATION, REMOVAL (Specify): **Burial**

24B. DATE: **5-31-49**

24C. NAME OF CEMETERY OR CREMATORY: **Holy Redeemer Cemetery**

24D. LOCATION (City, town, or county) (State): **Belair Road, Balto: Md.**

DATE RECEIVED BY LOCAL REGISTRAR: MAY 29 1949

REGISTRAR'S SIGNATURE: **Livingston Williams, M.D.**

25. FUNERAL DIRECTOR ADDRESS: **George J. Ruth, Inc. 1735 Harford Avenue**

1312

G74817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G74817 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Modestina Crocetti

2. DATE OF DEATH May 27 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2508 W. Baltimore St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore St.
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 20-2
D. STREET ADDRESS (If rural, give location) 2508 W, Baltimore St.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 16 1876
9. AGE (In years last birthday) 72 If under 1 year: Months 11 Days 11 If under 24 hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Penna Sant 'Andrea Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Marino Serrami
14. MOTHER'S MAIDEN NAME Antoniella Olivieri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Vincent Crocetti ADDRESS 2508 W. Baltimore St.

MEDICAL CERTIFICATION

IMPORTANT: Physician: please write the cause of death clearly and legibly. Please be specific, omit terms of indefinite meaning, and be sure age is stated.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis, generalized — Interval between onset and death: 15 mos.
DUE TO
(B) Chronic myocarditis and myocardial degeneration, not rheumatic — 7 mos.
DUE TO
(C) High blood pressure — 15 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Feb. 14, 1938, to May 27, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 6:45 a m., from the causes and on the date stated above.

23A. SIGNATURE Gilbert E. Rudman M. D.
23B. ADDRESS 2517 W. Balto. St.
23C. DATE SIGNED May 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE May 30 1949
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Frank Della Rose ADDRESS 322 S. High St.

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G74818 G74818

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No.

1. NAME OF DECEASED (Type or Print): ANDREW CHENOWITH

2. DATE OF DEATH: May 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ColdSpring Nursing Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore County
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Providence
D. STREET ADDRESS (If rural, give location): Providence Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 hours: Hours Min.
Male	White	Widowed	App. 1864	App. 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: HYPERTENSIVE CARDIO-VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C):

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY 10, 1949, *to* MAY 25, 1949, *that I last saw the deceased alive on* MAY 27, 1949, *and that death occurred at* 930 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Norman R. Kleiman M. D.	3803 Edmondson Ave	5/28/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31, 1949	Providence Methodist	Providence, Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 29 1949	Huntington Williams, M.D.	John Burns' Sons,	Towson, Maryland

VS 150

937

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G74819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

334 G74819 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Florence R. Sears

2. DATE OF DEATH: MAY 28 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida. B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Daytona Beach
D STREET ADDRESS (If rural, give location): 414 Poinsettia Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	White	Widow	2-4-85	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Pa.	

13. FATHER'S NAME: John H Sloan

14. MOTHER'S MAIDEN NAME: Addie Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-21-, 1949 *to* 5-28-, 1949 *that I last saw the deceased alive on* 5-28-, 1949, *and that death occurred at* 12 40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[signature] M. D.	JOHNS HOPKINS HOSPITAL	MAY 26 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/29/49		Phila Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 29 1949	Huntington Williams, M.D.	Wm J. Tickner & Sons.	North Ave (17)

VS 150

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G74820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-10549 — Registered No. G74820

1. NAME OF DECEASED (Type or Print): Baby girl Kaufman

2. DATE OF DEATH: May 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-4
D. STREET ADDRESS (If rural, give location): 2906 Parkwood Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): If Under 1 Year: Months, Days: 5; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Kaufman
14. MOTHER'S MAIDEN NAME: Eunice
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Bernard Kaufman ADDRESS: 2906 Parkwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.)
A) Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
B)
DUE TO

C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Aspiration pneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24- 1949, *to* 5-28- 1949 *that I last saw the deceased alive on* 5-28- 1949, *and that death occurred at* 11 15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert J. Weiss, M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-29-49
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 28 1949
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

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G74821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74821 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Julia Carter

2. DATE OF DEATH: 5/26/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 Madison Avenue

c. Length of stay in Baltimore: 20 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
5. STREET ADDRESS (If rural, give location): 1239 St. Matthews Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	C	Married	March 26, 1903	46	2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Lillian, Virginia	U. S. A.

13. FATHER'S NAME: Jabee Lee Bee

14. MOTHER'S MAIDEN NAME: Lillian Lenn Walmley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Williams
ADDRESS: 1317 Madison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) a Metastasis — 1 year

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/6, 1949, *to* 5/26, 1949, *that I last saw the deceased alive on* 5/24, 1949, *and that death occurred at* 9 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. C. Jackson M.D.	600 N. Carlington Avenue	5-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/29/49	Mt Calvery Cem.	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, M.D.	Elroy J. Nelson	1005 Bank St

MAY 29 1949

48a

DOA G71822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Error G74822

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Hampton — N-13-4

2. DATE OF DEATH 5-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Balto. City Hospitals

C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 8116 Eastern Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single		9 Mos.	9	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vernon Hampton

14. MOTHER'S MAIDEN NAME: Patricia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: RECORDS BALTO. CITY HOSPITALS — ADDRESS 4940 EASTERN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Suffocation
DUE TO Foreign body in esophagus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/28/49 m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on Arrival *to* Dead On Arrival *that I last saw the deceased alive on* Dead On Arrival *and that death occurred at* 6:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: T. S. Rogers, M.D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5-29-49	Bayswood	Salad, Virginia 195

DATE RECEIVED BY LOCAL REGISTRAR: MAY 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Sons — ADDRESS: 127 St. Paul St.

MAY 30 1949 — TO BE APPROVED BY THE MEDICAL EXAMINER.

G74823

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74823

Registered No.

1. NAME OF DECEASED (Type or Print) HAMILTON, ALBERT WADE

2. DATE OF DEATH May 29, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Marine Hospital
c. Length of stay in Baltimore ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Virginia
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portsmouth
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	April 6, 1901	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
American Seaman	American Seaman	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward L. Hamilton	Mildred Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	Unknown	Deceased	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac failure — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Coronary arteriosclerosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NS	None	None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. *I hereby certify that I attended the deceased from* May 29, 1949, *to* May 29, 1949, *that I last saw the deceased alive on* May 29, 1949, *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W Burton Sibley M.D	U.S. Marine Hospital	May 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	5/30/49	Rainswood Va	Virginia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, MD	Wm Cook Inc.	1212 N Read St

VS 150

944

G74824
ES-129220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74824
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Slunt

2. DATE OF DEATH: 5-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 517 S. Collington Avenue 1-4

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White	M	May 23, 1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Conrad
14. MOTHER'S MAIDEN NAME: Mary Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 EASTERN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure
DUE TO
(B) Hypertensive Cardio-vascular Disease
DUE TO
(C)

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Simple Fracture, leg & tibia.

CERTIFICATION APPROVED BY
William J. McClafferty M. D.
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 217 S. Collington Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): May 24, 1949 p m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Collapsed and fell to floor

22. *I hereby certify that I attended the deceased from* 5-25 19 49 *to* 5-28 19 49 *that I last saw the deceased alive on* 5-28 19 49 *and that death occurred at* 4:25 A. *from the causes and on the date stated above.*

23A. SIGNATURE: H. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 5-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/31/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 1217 St. Paul St.

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER.

93D

74825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 3 ✓

G74825 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY McKENNA

2. DATE OF DEATH May 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3706 Nortonia
The Mount Convalescent Home

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 4019 Ridgewood Ave. 15-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	White	Married	March 18, 1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Wilhelmina (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		John McKenna	4019 Ridgewood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia
DUE TO Nephritis
(B) Arteriosclerosis, Hypertension
DUE TO
(C) Cerebrovascular Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes
Hepatomegaly - cause?

INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1949 *to* 5/28, 1949, *that I last saw the deceased alive on* 5/28, 1949, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis V. Blum, M. D.	2310 Eutaw Place	May 28, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	5/31/49	Green Mount	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

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G74826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74826 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alfred McKewin

2. DATE OF DEATH: 5/27/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2410 E Biddle

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 8.3
D. STREET ADDRESS (If rural, give location): 2410 E. Biddle St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug 5. 1884
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grant McKewen
14. MOTHER'S MAIDEN NAME: Ella Busch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-16-2260
17. INFORMANT: Mrs Agnes McKewen ADDRESS: 299 Irving Ave

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiosc
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Autopsy Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/31/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 30 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wilson & Dawson
ADDRESS: 923 Park Ave

VS 151

Please write the cause of death clearly and legibly. Please be as specific as important. Physician, please write

G74827 B.C.H.-11156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74827

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baby boy Irvine

2. DATE OF DEATH 5/27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hosp.
c. Length of stay in Baltimore — Yrs. 1 Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3421 Gth St. 25-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Single	5/26/49			21 / 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity	21 hrs 15 min
ANTECEDENT CAUSES	DUE TO (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur? —

22. *I hereby certify that I attended the deceased from* 5/26 19 49, *to* 5/27 19 49 *that I last saw the deceased alive on* 5/27 19 49 *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE John Carl Stifler M. D.
23B. ADDRESS University Hosp.
23C. DATE SIGNED 5/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 5/31/49
24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
24D. LOCATION (City, town, or county) (State) Glen Burnie A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc.
ADDRESS 1213 N Paul St

VS 150

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G74828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74828

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE BARRY WOMBLE

2. DATE OF DEATH: 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18
D. STREET ADDRESS (If rural, give location): Northwood Apts. 21-9

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	May 1, 1903	46	0 27	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	—	Maryland	U.S.A.

13. FATHER'S NAME: R. Baldwin Womble

14. MOTHER'S MAIDEN NAME: Edith Barry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	V.M.H. Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/28/, 1949 *to* 5/28/, 1949 *that I last saw the deceased alive on* 5/28/, 1949, *and that death occurred at* 6:37 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. Frank Supplee III M. D.	Union Memorial Hospital	5/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 30 1949	London Park	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Emmington Williams, M.D.	Henry N. Jenkins, Sons Co	795 York Rd

VS 150

13B

G74829

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 20.1

G74829

Registered No.

1. NAME OF DECEASED (Type or Print): Leon Sachs

2. DATE OF DEATH: 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp

C. Length of stay in Baltimore: 38 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2435 Eutaw Place 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	I889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF (WHAT COUNTRY?)
Merchant		Russia	USA

13. FATHER'S NAME: Morris F. Sachs

14. MOTHER'S MAIDEN NAME: Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT: Fred Sachs ADDRESS: 3837 Cottage Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/25, 19 49 *to* 5/28, 19 49, *that I last saw the deceased alive on* 5/28, 19 49, *and that death occurred at* 1 35 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
Marjorie Oxman, M. D. M. D.	Sinai Hosp.	5/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5-30-49	Hebrew Mt. Carmel	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAY 30 1949	Thurlington Williams, M.D.	S. Levinson & Bros 1124 W North Ave.

VS 150

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G74830 ✓ 1 G74830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REPORT NO. Registered No.

1. NAME OF DECEASED (Type or Print) HARRY MATHANEY

2. DATE OF DEATH 27 MAY 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GEN. HOSP.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE # 13
D. STREET ADDRESS (If rural, give location) 3601 CROSSLAND Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	WHITE	MARRIED	31 AUGUST 1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12 CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME DANIEL MATHANEY

14 MOTHER'S MAIDEN NAME MARY KUBACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNKNOW

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17 INFORMANT WIFE — ADDRESS SAME
AMELIA MATHANEY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION, — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
DUE TO POSTERIOR, ACUTE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY SCLEROSIS — 3-4 MONTHS?
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 24 MAY, 1949, *to* 27 MAY, 1949, *that I last saw the deceased alive on* 27 MAY, 1949, *and that death occurred at* 8:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald F. England M. D.	MARYLAND GEN. HOSP	27 MAY 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 30/49	Oak Lawn Cem	Balto Co

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
~~MAY 30 1949~~	Curtis Williams, M.D.	Ulrich Funeral Home	Oakleigh

WPA Vs 458

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G74831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74831

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charlotte Keiser

2. DATE OF DEATH May, 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue.,

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2804 Pulaski Highway E-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	September, 3, 1916	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME: John Treder

14. MOTHER'S MAIDEN NAME: Laura Walper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT Baltimore City Hospitals. Records- 4940 Eastern Avenue.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Since 1945

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C) Fatty Liver.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-8-48 & 3-8-49 & 3-18-49	1st. Stage thoracoplasty Monaldi drainage	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-18 19 48, *to* 5-29 19 49, *that I last saw the deceased alive on* 5-29 19 49, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. S. Rogers M. D.	Baltimore City Hospitals	5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1, 1949	Mt Carmel	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, M.D.	Ulbert Funeral Home	2001 Eastern Ave

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13B

GM. 128758 ✓334 G74832

G74832
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74832

1. NAME OF DECEASED (Type or Print): Henry Wilke also Known as Wilgan
2. DATE OF DEATH: 5- 26-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 57 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MD.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 31 N. Decker Ave. 6-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	June - 19- 1875	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(D)	(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		B.C.H. Records 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Arteriosclerosis; Cerebro-Vascular Accident with Hemiparesis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ No ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5- 5- , 19 49 *to* 5- 26- , 19 49 *that I last saw the deceased alive on* 5- 26- 19 49 *, and that death occurred at* 11.30 P. *, from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
P. S. Rogers M. D.	B.C.H. 4940 Eastern Ave.	5- 27-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31	Holy Redeemer	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, M.D.	Ulman Funeral Home	2001 Aliceanna St

VS 150

83a

Cause of age as expected. Important: Physician: please write the cause of death clearly and fully.

G74833 ✓ G74833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 3 3 Registered No.

1. NAME OF DECEASED (Type or Print): Snow McBride Hurst

2 DATE OF DEATH: 5/28/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 911 Poplar Hill Road

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A STATE Maryland; B COUNTY; C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore; D STREET ADDRESS (If rural, give location) 911 Poplar Hill Road 27-12

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White	Widowed	Aug. 17, 1868	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
None	--------	Maryland	

13. FATHER'S NAME: Charles McBride

14 MOTHER'S MAIDEN NAME: Elizabeth ... Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			C. Prevost Price	911 Poplar Hill Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Cerebral Thrombosis.	4 days
DUE TO			
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	Arteriosclerosis -	Indefinite
DUE TO			
	(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 15, 1949 *to* May 28, 1949 *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 7:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Nathaniel M. Beck MD M.D.	1002 E. 32nd St Balto	May 29 - 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY ~~or CREMATORY~~	24D LOCATION (City, town, or county) (State)
Burial	5/30/49	Druid Ridge	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 30 1949	Huntington Williams, MD	H. W. Wears and Son	805 N. Calvert St.

VS 150

830

G74834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

G74834

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VERNON GREEN

2. DATE OF DEATH 5-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PROVIDENT, 1514 DIVISION
C. Length of stay in Baltimore 5 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Tennessee
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nashville
D. STREET ADDRESS (If rural, give location) 1409 Hawkins Street

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 11 1898
9. AGE (In years last birthday) 49 If under 1 Year: Months, Days. If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Green
14. MOTHER'S MAIDEN NAME Mary Clay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Henrietta Green ADDRESS 1409 Hawkins St. Nashville, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 Days
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C) Hypertensive Cardiovascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* May 20 1949 *to* May 29, 1949 *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 9.40 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M.D.
23B ADDRESS 861 Hawkins St
23C DATE SIGNED 5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B DATE May 31, 1949
24C. NAME OF CEMETERY OR CREMATORY Family Lot
24D LOCATION (City, town, or county) (State) Nashville, Tenn.

DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1949
REGISTRAR'S SIGNATURE Hunterston Williams, M.D.
25 FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1681 Druid Hill Ave.

VS 150

92D

G74835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 Registered No. G74835

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAROLD JAMES LAPOINT

2. DATE OF DEATH: May 26, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: 28 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Illinois
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S. Chicago
D. STREET ADDRESS (If rural, give location): 9521 S. Exchange Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Mar.	10/11/97	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain	Seafarer	Michigan	USA

13. FATHER'S NAME: William LaPoint

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	364-01-9234	Records- US Marine Hospital, Balto, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	1- Carcinoma of the lung, left	Unknown
DUE TO (B)	2- Fatal hemorrhage into left lower bronchus	10 minutes
DUE TO (C)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Apr. 28, 1949 *to* May 26, 1949, *that I last saw the deceased alive on* May 26, 1949 *and that death occurred at* 10:30 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. [illegible]	23C. DATE SIGNED
John W. Watson M. D.	US Marine Hospital, Balto, Md.	5/27/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31-49	St Peters Balto Md	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	Earl B. Hoberton	403 E 25th St

47D

74836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 674836

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Susette L. Bennett

2. DATE OF DEATH: 5/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp. Inc.

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-5
D. STREET ADDRESS (If rural, give location): 1643 N. Calvert

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/28/77
9. AGE (In years, last birthday): 71
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None wife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Baome
14. MOTHER'S MAIDEN NAME: Emma E. Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic CV disease
DUE TO
ANTECEDENT CAUSES
(B) DIA
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/49, 19 , to 5/29/49 19 , that I last saw the deceased alive on 5/29 , 1949, and that death occurred at 2:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE: Joseph L. Aponte M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 5/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: May 31/49
24C. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
24D. LOCATION (City, town, or county) (State): St Marys City Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell Sons
ADDRESS: 1900 Eutaw Pl

VS 150

61

G748.57 ✓ X 178 G748.57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): PAUL LEONARD SMITH

2. DATE OF DEATH: May 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Pikesville
D. STREET ADDRESS (If rural, give location): Box 313A- Park Heights Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
M	W	Married	5/24/26	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Baltimore Transit Co.	Baltimore, Md.	USA

13. FATHER'S NAME: Andrew Smith

14. MOTHER'S MAIDEN NAME: Leona Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW 2	220-18-8289	Records- US Marine Hospital, Balt, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: 1- Teratocarcinoma of right testicle with widespread metastasis — Interval between onset and death: Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 22 1949 *to* May 29 1949, *that I last saw the deceased alive on* May 29 1949 *and that death occurred at* 5:40P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. H. North, Jr. M. D.	US Marine Hospital, Balto. Md.	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial -	June 2-49	David Rudge Cemy.	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	John O. Mitchell Sons	1900 Eutaw Place

VS 150

51 C

G74838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43

G74838

BIRTH NO. 748.38 Registered No.

1. NAME OF DECEASED (Type or Print): Emma Gertrude Hall

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 5101 Oaklawn Rd.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5101 Oaklawn Rd.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D STREET ADDRESS (If rural, give location): 5101 Oaklawn Rd. 21-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	12/2/1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore	

13. FATHER'S NAME: Stubbs

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Mr. Robert S. Hall	919 Northern Pkw.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vase Accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hr

DUE TO

(B) Hypertensive Cardio Vase Disease

DUE TO

(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1948, *to* May 29th, 1949, *that I last saw the deceased alive on* Sunday, May 29 *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Wm. Thos. J. & Sons M. D.	4509 Liberty Heights Av	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/31/49	Druid Ridge Cemt.	Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	Wm. J. Tickner & Sons	North & Pa. Aves

VS 150

93D

G74839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 G74839 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Jenkins

2. DATE OF DEATH May 29, 49

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alexandria
D. STREET ADDRESS (If rural, give location) 136 Williams St

3B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

3C. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Oct 7, '47
9. AGE (In years last birthday): If Under 1 Year: Months Days; If Under 24 Hours: Hours Min. 1 mo.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Jenkins
14. MOTHER'S MAIDEN NAME: Jane Timbro

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac failure
DUE TO
(B) Congenital heart disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949 to May 29, 1949 that I last saw the deceased alive on May 29, 1949 and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE Mitchell C. Sanford, M.D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/1/49
24C. NAME OF CEMETERY OR CREMATORY San Antonio
24D. LOCATION (City, town, or county) (State) San Antonio, Texas

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949
REGISTRAR'S SIGNATURE Tuttle Williams, M.D.
25. FUNERAL DIRECTOR Fulton Co Inc
ADDRESS 1217 E Baltimore St

VS 150

157E

G74840 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74840

1. NAME OF DECEASED (Type or Print): Elizabeth May (Lizzie M.) Selby

2. DATE OF DEATH: Fri. May 27, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 E. Fort Ave.
C. Length of stay in Baltimore: Life — (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 203 E. Fort Ave. 2-4-4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 11, 1889
9. AGE (In years last birthday): 60 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James E. Cooke
14. MOTHER'S MAIDEN NAME: Mary Malburich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO: —
17. INFORMANT: Elmer M. Selby (Same) — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) — Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
DUE TO
(B) — Arterial Hypertension — 6 months
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 7, 1949 *to* 5/27, 1949 *that I last saw the deceased alive on* 5/27, 1949, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1279 William St
23C. DATE SIGNED: 5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Tues. May 31, 1949
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: G. Howard Evans — ADDRESS: 8 3a
1400 E. Clarke St - Balto 30 Md.

VS 150

6748-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 6748-1 Registered No.

1. NAME OF DECEASED (Type or Print): John D. Wood
2. DATE OF DEATH: 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1716 Marshall St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1716 Marshall St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		July 27, 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Patrolman	Bethlehem	Balt.	US

13. FATHER'S NAME: James Wood
14. MOTHER'S MAIDEN NAME: Sarah —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Annie M Wood	1716 Marshall

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary TB
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Chas Sutherland M.D.	☐ / ☐ / ☒	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1 1949	Cedar Hill	A. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	A. H. Heard Estate	1400 S. Chas

VS 151

13B

6748:2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No.

6748:2

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Mary Baker

2. DATE OF DEATH: 5/28/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 5009 Cordelia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 5009 Cordelia Ave. 27-18

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5009 Cordelia Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: emale
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 5, 1869
9. AGE (In years last birthday): About 79
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Eppers
14. MOTHER'S MAIDEN NAME: Bettie Osa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Austin H. Baker ADDRESS: 5009 Cordelia Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
5/24/49
?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1949 *to* May 28, 1949 *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 1.05 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. H. Bubert M. D.
23B ADDRESS: 4803 Park Heights Ave
23C DATE SIGNED: 5/30/49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/31/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemt.
24D. LOCATION (City, town, or county) (State): Woodlanw Cemt.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: North & Pa. Aves

83a

CERTIFICATE CORRECTED 6-30-49 ✓

6748:3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4 1 Registered No. 6748:3

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN TEGMEYER STAUB	2. DATE OF DEATH May 28, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 101 Ridgewood Rd.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 101 Ridgewood Rd.
c. Length of stay in Baltimore — Yrs. Mos. Days	27-14
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 1, 1876
9. AGE (In years last birthday) 72 yrs — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer-retired	10B. KIND OF BUSINESS OR INDUSTRY United Rwys. & Elec. Co.
11. BIRTHPLACE (State or foreign country) Martinsburg, W. Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard Parran Henry Staub	14. MOTHER'S MAIDEN NAME Adelia Ann Goshorn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO no
17. INFORMANT Mrs. William K. Cogswell	ADDRESS Garrison, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — Interval between onset and death: 1 day

DUE TO

(B) Cardio-vascular - Hypertensive disease — 8 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1929, 19__, *to* May 28, 1949 *that I last saw the deceased alive on* May 27, 1949, *and that death occurred at* 11½ a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Homer L. Todd M. D.	23B. ADDRESS 2108 St Paul St	23C. DATE SIGNED 5/30/49
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/31/49	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — 24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949	REGISTRAR'S SIGNATURE [illegible]	25. FUNERAL DIRECTOR Wm. J. TICKNER & SONS — ADDRESS Balto., Md.

VS 150

93D

C74844 ✓ + 1 ✓ C74844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leroy W. Bernheimer

2. DATE OF DEATH 5/27/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Mercy Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arbutus
D STREET ADDRESS (If rural, give location) 126 Oaklee Village

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	April 9,1900	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Solicitor	C & P Tel Co.	Baltimore Md.	

13. FATHER'S NAME Ferdinand Bernheimer

14. MOTHER'S MAIDEN NAME Alice Gillen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	216-10-3002	Mrs. Bernice Bernheimer	126 Oaklee Vill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

(B) Hypertension & cardiac condition for several years.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1942 *to* 5-27, 1949 *that I last saw the deceased alive on* 5-27, 1949, *and that death occurred at* 9.25 *A.M., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry B. Ameman M.D. M. D.	11 E. Church.	5-30-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/31/49	Loudon Park Frederick Rd.	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Turnbull for Williams, M.D.	Wm. J. Tickner & Sons	North & Pa. Aves

VS 150

94a

6748:5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6748:5

BIRTH NO.

1 NAME OF DECEASED (Type or Print) Carrie Dean Landon

2 DATE OF DEATH 5/29/49

3 PLACE OF DEATH: A. Baltimore City, Maryland — 2915 Thorndale Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2915 Thorndale Ave

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY altimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) altimore 27-17
D STREET ADDRESS (If rural, give location) 2915 Thorndale Ave

5 SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	Oct. 2, 1870	78 79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		New York City N.Y.	

13. FATHER'S NAME: Fitch R. Ludlum

14 MOTHER'S MAIDEN NAME: Lille Snow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Mr. Howard L. Landon	10 Light St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO probably intraventricular

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 46 *to* May 29 1949 *that I last saw the deceased alive on* May 29 1949 *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Louis Mauer M. D.	11 E Chase St.	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	5/31/49	Loudon Park Cemt.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Hunting for Williams M.D.	Wm. J. Tickner & Sons	

VS 150

83a

C748-46

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151 Registered No. C748-46

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Panek

2. DATE OF DEATH: 5/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 231 S.Ann Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 31
D. STREET ADDRESS (If rural, give location): 231 South Ann Street 2-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	White	Married	June 24-1893 ?	56?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Balto.City Dept.	Poland	

13. FATHER'S NAME: Wojciech Panek

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
	None	Mrs.Catherine Panek 231 S.Ann Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF STOMACH
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2/23/49 TO 5/30/49

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MAY 19 1949	CARCINOMA OF STOMACH	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/23, 1949, *to* 5/30, 1949 *that I last saw the deceased alive on* 5/30, 1949 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph F Arenga M.D.	209 E. Chester St.	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	June 3-1949	St.Stanislaus	Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 31 1949	[illegible]	George A Weber 705 S. Ann st

VS 150

463

G748:7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 760 5 G748:7

BIRTH NO. B.C.-49-12653

1. NAME OF DECEASED (Type or Print): Baby girl Szymanik

2. DATE OF DEATH: May 29, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Sinai Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp

c. Length of stay in Baltimore: Yrs. — Mos. — Days. 14

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: — COUNTY: —
B. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md. 26-10
D. STREET ADDRESS (If rural, give location): 3309 Mc Elderry St

5. SEX: FEM
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY-29-49
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 1/2 Days.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Jos. Szymanik
14. MOTHER'S MAIDEN NAME: Dessie Yalde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Jos. Szymanik — ADDRESS: 3309 Mc Elderry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage
DUE TO
(B) Prematurity
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1½ days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1949 to May 29, 1949 that I last saw the deceased alive on May 29, 1949 and that death occurred at 3:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Albert J. Weiss, M.D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-31-49
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
24D. LOCATION (City, Town, or County) (State): Eastern Ave Rd

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Tuntington Williams M.D.
25. FUNERAL DIRECTOR: Bernard C Harle
ADDRESS: 1215 E West St

VS 150

160a

G718:8

BALTIMORE CITY HEALTH DEPARTMENT JUN 8-1949

CERTIFICATE OF DEATH

Registered No. G718:8

1. NAME OF DECEASED (Type or Print) Rossie (Rossly) Curry McKinney

2. DATE OF DEATH May 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1307 Myrtle Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1307 Myrtle Ave. 17-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	Colored	Widow	May 17, 1886	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		South Carolina	U. S. A.

13. FATHER'S NAME Thomas Bonley

14. MOTHER'S MAIDEN NAME Alice Pettie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS: M's Naomi Brannon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardio Vascular Disease	1 yr.
DUE TO (B)	Cerebral Hemorrhage	2 mo's
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST — DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 5 19XX, to May 29, 19XX that I last saw the deceased alive on May 29, 19XX, and that death occurred at 3:22 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Wellden Frey M. D.	925 Penna. Ave.	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49		Gaffney, South Carolina

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Tuntington Williams, M.D.	M's Frances A. Hemsley	578 W. Biddle St

VS 150

93D

G748:9

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G748:9

1. NAME OF DECEASED (Type or Print): BEREL LICHTER

2. DATE OF DEATH: 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3823 Copley Road

C. Length of stay in Baltimore: Yrs. 43 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3823 Copley Road

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years, last birthday): 72 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.

17. INFORMANT: Isaac Lechter ADDRESS: 3324 Forest Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 8 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10 to May 30, 1949, that I last saw the deceased alive on 30 May 49, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE: Benj. Sarubin, M.D.
23B. ADDRESS: 2128 W. North Ave
23C. DATE SIGNED: 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-31-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Herring Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eastern Ave

VS 150

94a

G74850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74850 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH PEARLMAN

2 DATE OF DEATH 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1417 East Baltimore St

c. Length of stay in Baltimore 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-1
D STREET ADDRESS (If rural, give location) 1417 East Baltimore St

5 SEX Female
6 COLOR or RACE White
7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8 DATE OF BIRTH
9 AGE (In years last birthday) 68
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Russia
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel
14 MOTHER'S MAIDEN NAME Etta

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT Max Perlman ADDRESS 1417 E. Balto St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: acute

DUE TO

ANTECEDENT CAUSES

(B) Cerebral Arterio Sclerosis — ?

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C) Chr. Rheumatoid arthritis — 5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* Jan 1949 *to* May 30, 1949 *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 2P m. *from the causes and on the date stated above.*

23A. SIGNATURE Max Perlman M.D.
23B ADDRESS 1001 E Balt St
23C DATE SIGNED 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6-31-49
24C. NAME OF CEMETERY OR CREMATORY B'Nai Israel
24D LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR 5-31-1949
REGISTRAR'S SIGNATURE Washington Nelligans, M.D.
25 FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Place

VS 150

83a

G74851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4-6 G74851 Registered No.

STATE NO.

1. NAME OF DECEASED (Type or Print) Helen W. S Kirvan (Sullivan)

2. DATE OF DEATH 5-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Univ of Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University of Maryland Hospital

c. Length of stay in Baltimore Life — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Nebraska B COUNTY Dodge Co

C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fremont

D STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
F	W	Married	12-1-00	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Dodge Co. Nebr.	U.S.

13. FATHER'S NAME Thomas Egan

14. MOTHER'S MAIDEN NAME Mary Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			[illegible]	[illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronarsclerosis Moderate with

DUE TO (B) ① Associated ② Streptococcal Infection ② Metabolic Imbalance

DUE TO (C) ③ Heart failure ③ Congestive

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: A no years for acute Illness with 2 months terminal

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None	None

22. *I hereby certify that I attended the deceased from* 5-1-49 *to* 5-29-49, 19 *that I last saw the deceased alive on* 5-29-49, 19 *and that death occurred at* 3 pm *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] M. D.	University Hospital	5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	6/1/49	Mayland	Taylor Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	[illegible] for Williams, M.D.	J. Foley Sons	1316 Eutaw St

VS 150

99

48-52 1

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74852

1. NAME OF DECEASED (Type or Print): Elise Lillian Monath

2. DATE OF DEATH: May 28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2718 Orleans St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 2718 Orleans St.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.
D. STREET ADDRESS (If rural, give location): 2718 Orleans St. 1-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Married	July 4,1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	---	Balto. Md.	

13. FATHER'S NAME: Bernard Grenzer

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mr. Frederick Monath	2718 Orleans St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

(B) Arteriosclerotic hypertension (V) about 10 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: (A) 48 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 1949 *to* May 28, 1949 *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 11:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. H. Grenzer M. D.	1402 E. Fairvale St	5-30-49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31/49	Parkwood Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Curtis Williams, MD	Philip Herwig Sons	2024 Orleans

VS 150

93D

G748:53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

76x5

Registered No. G748:53

BIRTH NO. B.C.-49-10872

1. NAME OF DECEASED (Type or Print) Baby Girl Spence

2. DATE OF DEATH 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital
c. Length of stay in Baltimore 8 h. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 28-4
D. STREET ADDRESS (If rural, give location) 602 St. Paul Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	S.	5-30-49			8 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	USA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Spence	Catherine Daisy Gallion

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Atelectasis — DUE TO
(B) Prematurity — DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8h

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 1949 *to* 5-30, 1949 *that I last saw the deceased alive on* 5-30, 1949, *and that death occurred at* 12 00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William R Bart M. D.	Church Home & Hosp	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/31/49	Cathedral	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Tuntington Williams, M.D.	H.W. Treadwell	805 N. Calvert St.

VS 150

159

Dr. Pokorny

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20-1

G74854 Registered No.

74854 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Buresch (Bures)

2. DATE OF DEATH May 28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2064 E. Eager St

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-4

D. STREET ADDRESS (If rural, give location) 2064 E. Eager st

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	Jan. 20, 1873	76	4	8		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	At Home	Bohemia	U. S. A

13. FATHER'S NAME Joseph Berny

14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Joseph W. Buresch	2064 E. Eager

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) ~~Hyper~~ Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(b) Hypertensive Cardio Vas Renal Disease — ?

DUE TO

(c)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 4, 1949 *to* May 28, 1949, *that I last saw the deceased alive on* May 27, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph Pokorny M. D.	2200 E Madison St	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Wagne	Holy Redeemer	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	Frank Lesnak	900 N. Chester

VS 150

131a

G748/55

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G748:55

Registered No.

1. NAME OF DECEASED (Type or Print) Sarah E. Vipperman.

2. DATE OF DEATH May 27/949

3. PLACE OF DEATH: a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3532 Buena Vista Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 12-8
D. STREET ADDRESS (If rural, give location) 3532 Buena Vista Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Widowed	Aug 27, 1861	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Pucket.	Lamie Bowman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—	—	Eva L. Sprowa	3532 Buena Vista Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 wk

DUE TO

(B) Arteriosclerotic CVD — D.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20, 1949, *to* 5-27, 1949, *that I last saw the deceased alive on* 5-27, 1949, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lawrence Hamann M. D.	3711 Falls Rd	5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 31/1949	Woodlawn	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Livingston Williams, M.D.	Paul E. Lohmann Jr.	3615-17 Labyrinth Ave

VS 15a

93D

G748:56

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 30

G748:56 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHARINE W. BALDWIN (Mrs Frank) 2. DATE OF DEATH 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17 Md. 11-4
D STREET ADDRESS (If rural, give location) 203 West Lanvale Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	W	April 7 1871	78	1 - 26	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas B. Harrison	Mary B. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Mrs Nelson Baldwin	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial Hemorrhage — DUE TO
(B) Hypertension — DUE TO
(C) Arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
0		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-28, 1949 *to* 5-30, 1949 *that I last saw the deceased alive on* 5-30, 1949 *and that death occurred at* 8 o'clock a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hugh J. Green M. D.	Union Memorial Hosp.	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1 1949	St Thomas'	Garrison Forest Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	[illegible]	Henry W. Jenkins & Sons Co	4905 York Rd

83a

G748:57 G748:57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Conrad H.Geyer

2. DATE OF DEATH: May 28,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1200 Cleveland St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1200 Cleveland St.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Md.
D. STREET ADDRESS (If rural, give location) 1200 Cleveland St. 21-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	white	married	March 18,1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron worker	Acme Steel Co.	Baltimore Md.	

13. FATHER'S NAME: Julius Geyer

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mary E.Geyer 1200 Cleveland St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 5/26/49

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Renal Disease — 5yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/10/49, 19__, *to* 5/28, 19 49, *that I last saw the deceased alive on* 5/28, 1949, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph G Lawrence M. D.	629 Washington Blvd	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	Loudon Park	Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 31 1949	Huntington Williams, M.D.	Clarence F.Hoffmann 1639 Broadway.

VS 150

131a

G748:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G748:58

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSA E. ZINKAND

2. DATE OF DEATH 5-26-49.

3. PLACE OF DEATH: Baltimore City, Maryland 3800 FOSTER AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-9
D. STREET ADDRESS (If rural, give location) 3800 FOSTER AVE.

5A. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5B. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
FEMALE	WHITE	WIDOWED	MAY 13, 1879	70	0 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	HOUSE-WORK.	NEW YORK	

13. FATHER'S NAME ? BRANDENBURG

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			WILLIAM F. ZINKAND	3800 FOSTER A

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarct Mar 25 — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1944

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 25, 1949 *to* May 26, 1949 *that I last saw the deceased alive on* May 26 19 49 *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Edward Hoffman M. D.

23B. ADDRESS 3426 Bank St

23C. DATE SIGNED May 30-49

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 5-30-49

24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.

24D. LOCATION (City, town, or county) (State) GERMAN HILL RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Charles S. Feiler

ADDRESS 901 S. Conkling St.

93E

G74853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 Registered No. G7485?

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SUSIE BENNETT

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-1
D. STREET ADDRESS (If rural, give location): 1412 School Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1890
9. AGE (In years last birthday): 58
If under 1 year: Months Days
If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norah Teal
14. MOTHER'S MAIDEN NAME: Lucy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mary Bennett ADDRESS: 1412 School Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Colon
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: Carl L Royer M.D
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/4/49
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Livingston Williams, M.D.
25. FUNERAL DIRECTOR: Geo L. Nelson ADDRESS: 1303 Pennsylvania Ave 46E

VS 151

G74860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74860 Registered No.

STATE FILE NO.

1. NAME OF DECEASED (Type or Print) Miss Mary Estelle Welsh

2. DATE OF DEATH May 29 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hosp.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE 000 Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 16-8
D. STREET ADDRESS (If rural, give location) 3920 CRANSTON AVE.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 11, 1891
9. AGE (In years last birthday): 58 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK R. WELSH.
14. MOTHER'S MAIDEN NAME: ELIZABETH BRANDT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: GRACE E. RIGBIN — ADDRESS: 417½ GITTINGS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Decompensation
DUE TO
(B) Mitral stenosis
DUE TO
(C) Rheumatic C.V.D.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Arteriosclerosis - Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2 1948 to May 29, 1949 that I last saw the deceased alive on May 29, 1949, and that death occurred at 2 50 Am., from the causes and on the date stated above.

23A. SIGNATURE: D. S. Mahler M.D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 5/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JUNE 1, 1949
24C. NAME OF CEMETERY OR CREMATORY: CATHEDRAL CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Fleyen Fleming
ADDRESS: 1426 Light St.

VS 150

92 B

G74861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48 Registered No. G74861

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NICHOLAS TEGGES

2. DATE OF DEATH 5-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2120 Barclay St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

c. Length of stay in Baltimore Life - Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-4
D. STREET ADDRESS (If rural, give location) 2120 Barclay St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 year: Months, Days	Under 24 hours: Hours, Min.
Male	White	Married	Jet 13-1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	—	Baltimore Md	U.S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Mrs. Mollie Tegges. ADDRESS 2120 Barclay St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	CARCINOMA OF THROAT	6 MOS.
DUE TO (B)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	CEREBRO-VASCULAR ACCIDENT	2 YRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 27, 1949 *to* May 29, 1949, *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE Robert B. Tinney M.D.

23B. ADDRESS 920 E. Fayette St

23C. DATE SIGNED 5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1-49	Lorraine Cem.	Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR A. Jones. ADDRESS 501 Wildwood Pkwy

VS 150

45F.

G74862 | BALTIMORE CITY HEALTH DEPARTMENT | E 845 | G74862

BIRTH NO. | **CERTIFICATE OF DEATH** | Registered No.

1. NAME OF DECEASED (Type or Print): John Nichols | N 809.0 | 2. DATE OF DEATH: May 27, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 2412 Puget St. 25-33

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. [illegible] Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Married	[illegible]	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		[illegible]	

13. FATHER'S NAME: Joseph Nicholas

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
[illegible]	[illegible]	[illegible]	[illegible]

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture, pelvis

DUE TO Fracture ribs

(B) Cardiac dilatation, acute

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	alley -- public	Rear of 2412 Puget Street 25/33

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
May 25, 1949 ? m.		Thrown from wagon when horse bolted

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McClafferty M.D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1, 1949	Mt. [illegible]	[illegible], Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	[illegible]	[illegible]

VS 151

171B

74863 ✓ 1 G74863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ~~AMELIA C. SCHWEITZER~~ Amelia K. Schweitzer

2. DATE OF DEATH 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3500 W Franklin St

C. Length of stay in Baltimore: Lifetime (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D. STREET ADDRESS (If rural, give location) 3500 W Franklin St 20-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Single	7/7, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home	---	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Schweitzer	Mary Keim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no	none	3500 W. Franklin st. Mr. Wm. H. Schuehler

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic P.V disease — DUE TO

ANTECEDENT CAUSES

(B) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
J. P. Tubrooki M.D.	☐ / ☐ / ☐	5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 31 1949	Lexington Williams M.D.	Chas. J. Evans & Son 118 N. Mt. Royal Ave.

VS 151

G74864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No. G74864

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian Dunlap

2. DATE OF DEATH: 5/28/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2019 W. Lanvale St.
C. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 16-4
D. STREET ADDRESS (If rural, give location): 2019 W Lanvale St

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 5/15/1903
9. AGE (If under 1 year, last birthday): 46 — If under 1 year: Months 13, Days; If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housework.
11. BIRTHPLACE (State or foreign country): S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Dunlap
14. MOTHER'S MAIDEN NAME: Elizabeth Mc Donald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-20-5947
17. INFORMANT: Sadie English (d) ADDRESS: 2019 W. Lanvale St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage (spontaneous)
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: Earl L Royer M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 29 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/31/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. H. Corpe ADDRESS: 512 Edmondson

VS 151

83a

CERTIFICATE CORRECTED 6-16-49

G74865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74865

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH AVERSA

2. DATE OF DEATH 5/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE MD.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 15. 6-7-49
D STREET ADDRESS (If rural, give location) 5334 Winner Ave

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Sept. 2, 1860
9. AGE (In years last birthday) 88 | If Under 1 Year: Months 8, Days 9 | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME [illegible] Aversa
14. MOTHER'S MAIDEN NAME Angela Aversa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT Mrs. Theresa Bertita ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic CV Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

DUE TO

(B) Generalized arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/24, 1949 *to* 5/30, 1949 *that I last saw the deceased alive on* 5/30, 1949 *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23A. SIGNATURE Robert E. Ensor, M. D.
23B. ADDRESS Mercy Hospital.
23C. DATE SIGNED 5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 2 1949
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State) 4300 Old Fredeick Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Frank Wells Hoer ADDRESS 327 S. High St

VS 150

93D

S-01776

G74866
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74866
Registered No.

1. NAME OF DECEASED (Type or Print) Susie May SUSAN Humphreys

2. DATE OF DEATH MAY 31 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Osl-4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 9-8
D. STREET ADDRESS (If rural, give location) 2014 Harford, Ave.

3B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore 67 — Yrs. Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widow	5-22-81	67	0 / 9	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md	U.S.A.

13. FATHER'S NAME Henry Seitz

14. MOTHER'S MAIDEN NAME Mary Ellen Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cortical Atrophy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-18- *1949 to* 5-31- *, 1949, that I last saw the deceased alive on* 5-31- *, 1949, and that death occurred at* 1.50 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard M. Mellinkoff M. D.	JOHNS HOPKINS HOSPITAL	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-3-1949	Parkwood Cemetery	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	Elmer W. Conklin	924 E. Eager St.

VS 150

830

304 ✓

G74867 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74867 — Registered No.

1. NAME OF DECEASED (Type or Print): Julia Spamer

2. DATE OF DEATH: May 29, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crowford Retreat, 2117 Denison St.
c. Length of stay in Baltimore — Yrs. Mos. Days:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-6
D. STREET ADDRESS (If rural, give location): 1935 E. 30th St. (18)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	White	Widowed	11/30/72	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	Baltimore, Md.	United States

13. FATHER'S NAME: Frederick Hoch

14. MOTHER'S MAIDEN NAME: Anna Dumler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		none	John T. Hoch	1935 E. 30th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Chronic Myocarditic	?
DUE TO (B)	Generalized Arteriosclerosis	?
DUE TO (C)	Senile Psychosis	2yrs (?)
(d)	Arteriosclerotic Cardio-Vascular Dis	?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/11/ 19 44 *to* 5/29/ 19 49 *that I last saw the deceased alive on* 5/29 19 49 *and that death occurred at* 9 02 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Philip F Lerner M. D.	1111 St. Paul St.	5/29/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	Baltimore Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.	

VS 150

BALTIMORE - 13, MARYLAND 92

G74868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 ✓ G74868

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALLA MARY DeHUFF

2. DATE OF DEATH May 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
401 E. North Avenue

c. Length of stay in Baltimore 65 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 401 E. North Avenue 12-5

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept. 10, 1859

9. AGE (In years last birthday) 89
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Ehrhart

14. MOTHER'S MAIDEN NAME Elizabeth Schnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17. INFORMANT Mr. Walter Ehrhart - 401 E. North Av
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Cardio Vascular renal disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 5/24/49, 19 , to 5/30, 19 49, *that I last saw the deceased alive on* 5/30 1949, *and that death occurred at* 4.30 *a. m., from the causes and on the date stated above.*

23A. SIGNATURE Dr. M. L. Blum M. D.

23B ADDRESS 1131 Calvert St

23C DATE SIGNED 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/3/49

24C NAME OF CEMETERY OR CREMATORY Loudon Park cemetery

24D LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25 FUNERAL DIRECTOR HENRY SANDER & SONS, INC.
ADDRESS BALTIMORE - 13, MD.

VS 150

121a

G74869

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163

Registered No. G74869

1. NAME OF DECEASED (Type or Print) Willie Keenon

2. DATE OF DEATH May 28th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1317 Madison Avenue

c. Length of stay in Baltimore Bar-Wil-Ba boarding home Yrs. Mos. Unk. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 329 Pearl Street 4-2

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 15, 1899
9. AGE (In years last birthday) 49
If under 1 year: Months Days
If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dukeland, North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Newkirk
14. MOTHER'S MAIDEN NAME Anna Keenon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO 246-10-5322
17. INFORMANT Mrs. Williams ADDRESS 1317 Madison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung — Interval between onset and death: 1 yr. 5 mos.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10th, 1949, *to* May 27th, 1949, *that I last saw the deceased alive on* May 27th, 1949, *and that death occurred at* 8:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE W. C. Williams M. D.
23B. ADDRESS 600 N. Arlington Avenue
23C. DATE SIGNED 5-28-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 1, 1949
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Mrs Kate Williams
ADDRESS 322 N. Edmondson

CS 150

47D

G74870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. G74870

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert E. Gordon

2. DATE OF DEATH 5-27-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1418 Ward St
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1418 Ward St 21-2

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 5, 1891
9. AGE (In years last birthday) 57 Under 1 Year: Months, Days; Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Wales Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Gordon
14. MOTHER'S MAIDEN NAME Jane ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fannie Gordon
ADDRESS 1418 Ward St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

(B) Hypertension Cardio Vascular Dis.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1948, *to* May, 1949 *that I last saw the deceased alive on* 26 May, 1949, *and that death occurred at* 5:15 p m., *from the causes and on the date stated above.*

23A. SIGNATURE B M Rhoads Jr M. D.
23B. ADDRESS 1215 Mad. Ave
23C. DATE SIGNED 31 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6-3-49
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) Balto. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR Mrs Kate R. Williams
ADDRESS 32 N. Schroeder St

VS 150

937

G74871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 61.0

G74871

Registered No.

STATE NO.

1. NAME OF DECEASED (Type or Print) Charles H. Geiger

2. DATE OF DEATH 30 May 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Parkville
D. STREET ADDRESS (If rural, give location) 3004 Hiss Ave

5. SEX male
6. COLOR OR RACE W
7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify)
8. DATE OF BIRTH Sept 4-1865
9. AGE (In years last birthday) 83 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Geiger
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Geiger ADDRESS 3004 Hiss Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Chronic Nephrosis
DUE TO
(C) Prostatism.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Strangulated R. Ing. Hernia.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 16 May 49
19B. MAJOR FINDINGS OF OPERATION Strangulated R. Ing. Hernia.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 May, 1949 *to* 30 May, 1949 *that I last saw the deceased alive on* 30 May, 1949 *and that death occurred at* 11 55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Roman V. Ulana M.D.
23B. ADDRESS Fr. Sq. Hosp.
23C. DATE SIGNED 31 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/2/49
24C. NAME OF CEMETERY OR CREMATORY Lakewood
24D. LOCATION (City, town, or county) (State) Bald Md

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1949
REGISTRAR'S SIGNATURE Huntington Williams M.D.
25. FUNERAL DIRECTOR Leonard J. Luck ADDRESS 5305 Harford

VS 150

122a

G74872

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74872

1. NAME OF DECEASED (Type or Print): Bessie E. Smith

2. DATE OF DEATH: May 29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 N. Collington Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 6-3
D. STREET ADDRESS (If rural, give location): 409 N. Collington Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	Jan. 4-1878	71	4	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Nelson	Harriman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Wilson Graham	2229 McElderry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure — (Interval between onset and death): 10 days

DUE TO

(B) Arteriosclerotic Heart Disease — 5 yrs.

DUE TO

(C) Generalized Arteriosclerosis — 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1945 *to* May 29, 1949 *that I last saw the deceased alive on* May 28, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Israel Rosen, M. D.	2413 E Monument St	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 2/49	Baltimore Cem.	North Ave. & Gay St. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 31 1949	Huntington Williams, M.D.	John E. Miller	2334 Jefferson St.

VS 150

93D

6748'73 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/20 Registered No. 6748'73

1. NAME OF DECEASED (Type or Print): James Etchberger Hancock

2. DATE OF DEATH: May-29-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Paul & 23rd. Streets Dr. Beck's Sanatorium
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 12-6
D. STREET ADDRESS (If rural, give location): 2122 St. Paul Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June-15-1869
9. AGE (In years last birthday): 79-11-14 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg. Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Mfg. Pharmacist
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hancock
14. MOTHER'S MAIDEN NAME: Fanny Etchberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): None (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO: None
17. INFORMANT: Mrs. Nellie F. Kemp vanEe, ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocarditis Chr. diffuse	Indefinite
DUE TO (B)	Coronary Insufficiency.	Indefinite
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Trauma.	4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1949 to May 29, 1949 *that I last saw the deceased alive on* May 29 1949 *and that death occurred at* 11.56 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathaniel M Beck M.D.
23B. ADDRESS: 106 E 23rd St Balto
23C. DATE SIGNED: June 1-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June-1-1949.
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co., ADDRESS: 108 W. North Avenue, Baltimore #1, Md.

VS 150

93D

G748.4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G748.4 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph J. Dell 'Uomo

2. DATE OF DEATH: May 29 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 359 Gueryan St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 359 Gueryan St. 6-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 1 Day: Hours	Min.
Male	White	Married	May 6 1925	24		24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Station Clerk	Crown Cork Seal Co.	Maryland	

13. FATHER'S NAME: Maurizio Dell 'Uomo

14. MOTHER'S MAIDEN NAME: Nella Gonnella

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	219-18-2226	Irene R. Dell 'Uomo	359 Gueryan St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Hemorrhage		1 W/C
DUE TO (B) Pulmonary Tuberculosis		5 years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: None		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 22, 1949, *to* May 27, 1949, *that I last saw the deceased alive on* May 24, 1949, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M.W. Jacobsen MD M. D.	2310 Eutaw Place	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1st/49	Holy Redeemer Cemetery	4430 Belair Rd. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, MD	Frank Dell'Uomo	322 S. High St.

VS 150

132

6748.5 ✓ 6748.5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. Registered No. 334

1. NAME OF DECEASED (Type or Print): Fra nk Carini
2. DATE OF DEATH: May 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1716 Montpelier St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1716 Montpelier St. 9-7

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Ma le	White	Married	June 16, 1880	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Palermo, Sicily	

13. FATHER'S NAME: Benedetto Carini
14. MOTHER'S MAIDEN NAME: Orsola Ruggiere

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	217-05-2075	Benedict Carini, 411 E. Lorraine Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) right hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 9 days.
DUE TO
ANTECEDENT CAUSES
(B) arterio-sclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: hypertension.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 20 1949 *to* May 29, 1949, *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. Stokes M. D.	747 N. Kenwood Ave.	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	Holy Redeemer	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 1 1949	Huntington Williams, M.D.	William Cook, Inc., 1217 St. Paul St.

VS 150

837

G748.6 ✓ G748.6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Klass

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — I3 No. Pearl St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): I3 No. Pearl St. 4-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Widowed	Oct. I2/I879	69	7	I5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker Retired		Hungary	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs. Christine Emerick ADDRESS: I3 N. Pearl St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage intestinal — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO Lower portion Cause undetermined

(B)

DUE TO

(C) Hypertensive Cardio Vascular Disease ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, 1949, *to* May 29, 1949, *that I last saw the deceased alive on* May 28, 1949, *and that death occurred at* 1:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John P. Ulevich Jr M. D.	1227 Wash. Blvd	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	St. Peters	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Tuttington Williams, M.D.	William Cook Inc.	I2I7 St. Paul St

VS 150

937

G748.7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G748.7

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Daniel McMahon

2. DATE OF DEATH: 5-28-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland South Balt. Gen. Hosp.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen. Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-1
D STREET ADDRESS (If rural, give location): 1121 Hanover St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	White	Single	1949	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Maryland	

13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Michel	McMahon	Ireland	Mary Burke	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Bessie Toolan	1723 Wycliff Rd., #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Robert B. McAdden M.D.	☒	5-29-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-1-49	New Cathedral	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	WILLIAM COOK, INC.	1217 St. Paul St

VS 151

93D

G748.8 ✓ E816.4 G748.8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE MILLS N-803.7

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 731 N. Chester St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	Apr 19, 1927	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md	

13. FATHER'S NAME: Harry R Mills

14. MOTHER'S MAIDEN NAME: Mary A Triplett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. (INFORMANT) ADDRESS
			Mrs Mary M Hubert 730 N Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull with intracranial hemorrhage

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Public	Federal St. at intersection of Harford Avenue

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21F. HOW DID INJURY OCCUR?
May 30, 1949 2:05 P. m.		Auto. and Auto. Collision

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Earl L Royer M.D.	[X]	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/3/49	Mt Olivet	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Hunting Williams, M.D.	Wilson & Son	1219 Eutaw St

VS 151

V 170 c

748.9 128995

G748.9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): William Kunnecki

2. DATE OF DEATH: May 30- 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6603 Bushey ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	Widowed	Dec. 1- 1869	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MD.	

13. FATHER'S NAME: Frederick Kunnecki

14. MOTHER'S MAIDEN NAME: Mary Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17. INFORMANT: B.C.H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Luetic heart disease with heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2wks.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Bronchopneumonia
DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15-49, 19 49, *to* 5- 30-, 19 49 *that I last saw the deceased alive on* 5- 30- 1949, *and that death occurred at* 12.30AM *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C.B. Logan M.D.	B.C.H. 4940 Eastern Ave.	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/49	Holy Redeemer	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Twitington Williams, MD	Wilhorn & Son	1219 Fleet St

VS 150

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74850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74850

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Francis Roy Robinson

2. DATE OF DEATH: 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1378 Lloyd St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 2. 1900
9. AGE (If over 1 year last birthday): 48 | If under 1 year: Months Days | If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Surgeons Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank H Robinson
14. MOTHER'S MAIDEN NAME: Lena Walz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Lena Robinson 1378 Lloyd St ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs -

DUE TO (B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes mellitus — 20 yrs -

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1949 to 5-30, 1949, that I last saw the deceased alive on 5-30, 1949 and that death occurred at 2:45 p m., from the causes and on the date stated above.

23A. SIGNATURE: John D. Lyons M. D.
23B ADDRESS: Univ Hosp
23C DATE SIGNED: 5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/3/49
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Fulton & Son Inc
ADDRESS: 1219 E Fort Ave

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALFRED THOMAS WESSELS

2 DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2545 Edmondson Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2545 Edmondson Ave. 20-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Married	Nov. 14, 1863	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Guilford, Va.	

13. FATHER'S NAME: John Wessels

14 MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Bernard Wessels	3203 Evergreen Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Rectorie's — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
Thos. H. Shields M. D.	3307 Edmondson Ave	May 31-'49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/5/49	Baltimore	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 Registered No. G74882

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE KELLY	2. DATE OF DEATH May 28, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1302 W. Lexington St.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1302 W. Lexington St. 19-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	July 26, 1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Welfare Dept., City of Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Hypertension. Cardiac Myocardial Degen ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2 1949, to May 27, 1949, *that I last saw the deceased alive on* May 27 1949, *and that death occurred at* 4 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harry Glassman M. D.	753 W. Fayette St.	May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 1 1949	Huntington Williams, M.D.	William Cook, Inc., 1217 St. Paul St.

VS 150

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G74883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74883

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOWARD M. BOWLING

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1513 W Pratt St

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto City
D. STREET ADDRESS (If rural, give location): 1513 W Pratt St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	W Lite	Married	1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Ship Yard	Virginia	

13. FATHER'S NAME: Durrye Bowling

14. MOTHER'S MAIDEN NAME: Jane Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Mrs. R Bowling	17 N Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
John R Davis M.D.		5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Mt Pleasant Cem	Mt Pleasant Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams M.D.	Roll Chas B. M. Walker	Pratt & Stricker Sts

VS 151

93D

G74884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74884 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MABLE MOYE

2. DATE OF DEATH: MAY 31 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1508 Parke ave.

c. Length of stay in Baltimore: 3 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE
B COUNTY: 1508 PARKE AVE. BALTO MD.
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO MD.
D STREET ADDRESS (If rural, give location): 1508 PARKE AVE. 14-1

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: DEC, 7 1878
9. AGE (In years last birthday) / If under 1 year: Months Days / If under 24 hours: Hours Min.: 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNKNOWON
14. MOTHER'S MAIDEN NAME: UNKNOWON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)
16. SOCIAL SECURITY NO.
17. INFORMANT / ADDRESS: MISS JONES 1508 PARK AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C) Cholecystitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from April 29, 1949, to May 31, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE: M D Futterman M.D.
23B ADDRESS: 2324 Reisterstown Rd
23C DATE SIGNED: 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B DATE: JUNE2 1949
24C NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM
24D LOCATION (City, town or county) (State): HANOVER PA.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR / ADDRESS: WM. J. TICKNER & SONS NORTH & PENN AVE

VS 150

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G74885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74885

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX GOLDMAN

2. DATE OF DEATH 5-31-49

3. PLACE OF DEATH: A. Baltimore City, Maryland (Rayner and)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore 54 Yrs. Mos. Days

D STREET ADDRESS (If rural, give location) 1701 Ellamont St 15-6

5. SEX Male

6. COLOR OR RACE White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed

8. DATE OF BIRTH

9. AGE (In years / Months / Days if under 1 day) 82

If Under 1 Year: Months Days. If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Morris

14. MOTHER'S MAIDEN NAME Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Maurice Caplan ADDRESS 3513 Forest Park Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A. Arteriosclerotic C. V. D. ?

DUE TO

ANTECEDENT CAUSES

B.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 194 to May 31, 1949 that I last saw the deceased alive on May 31, 1949 and that death occurred at 6:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE Irvin B. Glass M.D.

23B. ADDRESS 22 & Eutaw Place

23C. DATE SIGNED May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6-1-49

24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men

24D. LOCATION (City, town or county; State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

VS 150

937

674886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56.1 674886 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) Rabbi Leivi I Schuchalter

2. DATE OF DEATH 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2525 Keyworth Ave

c. Length of stay in Baltimore 19 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-1
D. STREET ADDRESS (If rural, give location) 2525 Keyworth Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widowed	Aug 1-1877	71 72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rabbi
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isaac
14. MOTHER'S MAIDEN NAME Babsa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Leon Schuchalter ADDRESS 2525 Keyworth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH 1½ years
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 26 1949 to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 5:40 p m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Manuel Fierin M.D.	4618 Reisterstown Rd	June 1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-1-49	Rosedale	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

46F

G74887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74887

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James L Davis

2. DATE OF DEATH: 5-28-49

3. PLACE OF DEATH:
A. Baltimore City / Maryland Maryland Gen. Hosp (DOA)
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1912 Eutaw Pl. 14-3

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May. 8. 1878
9. AGE (In years last birthday): 71 | If Under 1 Year: Months 7 | Days 10 | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Frorell Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES. (If yes, give war or dates of service): Sp. 1898
16. SOCIAL SECURITY NO.: 215129593

17. INFORMANT: 2710 Wiegand Court Northf.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterio-sclerotic Cardio Vascular Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Robert B. McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 29 May 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 1-49
24C. NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cemy.
24D. LOCATION (City, town, or county) (State): Fred. ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell Sons.
ADDRESS: 900 Eutaw Place

VS 151

92D

G74888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

(No.) G74888 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herman E. Martin

2. DATE OF DEATH: 31 May 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2556 Arunah Ave.

c. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY —

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-5

D. STREET ADDRESS (If rural, give location): 2556 Arunah Ave.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-11-1883

9. AGE (In years last birthday): 66 — If under 1 Year: Months, Days — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): 1902 - 1931

16. SOCIAL SECURITY NO: ?

17. INFORMANT: Mary Drager ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Karmmer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑

23C. DATE SIGNED: 31 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6-2-1949

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc

ADDRESS: 403 S. Wolfe

94a

VS 151

74889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 Registered No. G74889

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George J. Manna

2. DATE OF DEATH: 5/29/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4514 Harcourt Rd

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 27-1
D STREET ADDRESS (If rural, give location) 4514 Harcourt Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 1 day: Hours / Min.
M	W	Married	5/12/96	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Policeman	Balto.	U.S.A.

13. FATHER'S NAME: George J. Manna

14. MOTHER'S MAIDEN NAME: Caroline Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	none	Martha H. Manna (wife)	4514 Harcourt Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive C.V. disease

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from* (Autopsy, Inspection or Inquiry)
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. J. Sobieski M.D.	☑	6/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/49	Holy Redeemer	Belair Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Tully & Zeiler	403 S. Wolfe St.

VS 151

927

674890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 674890

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Phillippine Robert

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 N. Patterson Pk. Ave

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 6-3
D. STREET ADDRESS (If rural, give location): 103 N. Patterson Pk Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 10-2-1861
9. AGE (In years last birthday): 87
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PREISINGER
14. MOTHER'S MAIDEN NAME: ANNA BOHM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: TERESA ROBERT
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular disease
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 6-4-49
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler Inc
ADDRESS: 403 S. WOLFE

VS 151

937

G74891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Vol. 1 G74891

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): GUY T. BILLMYER

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2853 Chesterfield Ave.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2853 Chesterfield Ave. 27-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	married	Sept. 21, 1898	50 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Instrument Maker	Johns Hopkins University	Maryland	

13. FATHER'S NAME: William J. Billmyer

14. MOTHER'S MAIDEN NAME: Mary C. Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		

17. INFORMANT: Mrs. Grace A. Billmeyer — ADDRESS: 2853 Chesterfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Interval between onset and death: 2 hrs

DUE TO

(B) Myocardial Ischemia — 2 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 26, 1949 *to* May 30, 1949 *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* 10:30 pm *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas A. Todd M. D.	2108 St Paul St	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

94a

74892

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

G74892 Registered No.

1. NAME OF DECEASED (Type or Print): Lossie Layton

2. DATE OF DEATH: 5-30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq Hosp

C. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt. 10-1
D. STREET ADDRESS (If rural, give location): 1119 Aisquith St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C.		?	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housf.		Va.	USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Elizabeth Layton	1119 Aisquith St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic nephritis. Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-29, 1949 *to* 5-30, 1949 *that I last saw the deceased alive on* 5-30, 1949 *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. J. Latham M. D.	Franklin Sq Hosp	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/1949	Mt. Calvery Cem.	Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Washington Williams, M.D.	Elroy O. Wilson	1000 Brantly Ave.

VS 150

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G74893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 vs 1

G74893 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Nugent

2. DATE OF DEATH: May 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 46 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-2
D. STREET ADDRESS (If rural, give location): 1411 ashland ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 hours: Hours Min.
Male	Colored	Widowed	8-25-94	54 51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		British West Indies	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Nugent	Sarah Mullaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT / ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerotic coronary thrombosis — DUE TO

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	—

22. *I hereby certify that I attended the deceased from* 5-13, 1949, *to* 5-28, 1949, *that I last saw the deceased alive on* 5-29, 1949, *and that death occurred at* 355 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Bertram E. Sprague M. D.	JOHNS HOPKINS HOSPITAL	5/28/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/1949	Baltimore National	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Elroy O. Wilson 1000 Brantly Ave.

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G74894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

446

G74894 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clarence Monger

2 DATE OF DEATH May 30 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Dale 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-2
D STREET ADDRESS (If rural, give location) 438 Moore St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. 6 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 1 Day Hours Min.
male	Colored		3-15-91	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laborer		No. Carolina	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John Monger	Henrietta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Malignant Nephrosclerosis	2 yrs.
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/23 1949 *to* 5/30, 1949 *that I last saw the deceased alive on* 5/30 1949, *and that death occurred at* 12 noon *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Bertram E. Sprowle M. D.	JOHNS HOPKINS HOSPITAL	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Arbutus Memorial	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Mrs Frances A. Hemsley	317 W. Biddle

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4895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74895

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John W. Strickland

2. DATE OF DEATH: 31 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): I4I3 Cliftview Avenue, Balto:Md.

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I4I3 Cliftview Ave.

c. Length of stay in Baltimore: 25 Years (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	Nov. I7th., I905	43	6 / I6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dispatcher	Balto:Transit Co.	Georgia	U.S.A.

13. FATHER'S NAME: James Madison Strickland

14. MOTHER'S MAIDEN NAME: Mary Catherine Roe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	2I5-I0-0844	Mrs. Mary C. Strickland,	I4I3 Cliftview Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Disease	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Wm. H. Kammer, Jr. M D		31 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-3-49	Parkwood Cemetery	Taylor Avenue, Balto:Co.Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, MD	George J. Ruth, Inc.	I735 Harford Avenue

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G74896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55A 1

G74896 Registered No.

BIRTH NO. 1

1. NAME OF DECEASED (Type or Print) Lucy Robinson

2. DATE OF DEATH 5-30-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore 29 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-2
D. STREET ADDRESS (If rural, give location) 1421 Madison Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Fe	N	Married	1-10-00	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter		VA.	USA

13. FATHER'S NAME Joseph Carter

14. MOTHER'S MAIDEN NAME Kitty Laws

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Shock	12 hrs
DUE TO		
(B)	Paralytic ileus	24 hrs.
DUE TO		
(C)	Ruptured appendix & Abscess peritonitis	96 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5 30 49	Appendicular Abscess	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Neither		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5 / 29, 1949 *to* 5-30, 1949 *that I last saw the deceased alive on* 5/30 1949 *and that death occurred at* 5:20 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. H. Walden M. D.	Provident Hospital	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 1, 1949	Arbutus Memorial Pk.	Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave

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G74897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74897 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Maryanna Lewandowski

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1915 Gough Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 31
D. STREET ADDRESS (If rural, give location): 1915 Gough Street

2-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widow	July 14-1869	79				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Mrs. Augusta Nickels 1915 Gough Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Pulmonary edema	2 days
DUE TO		
ANTECEDENT CAUSES (B)	Myocardial degeneration	3 or 4 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	age, Varcular changes	unknown
(C)	and cardiac paralysis	over 3 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Secondary anemia	over 3 yrs

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* April, 1946 *to* May 31st, 1949, *that I last saw the deceased alive on* May 29th, 1949, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. F. Reis M. D.	24 S. Broadway	June 1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 3-1949	St. Stanislaus	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 1 1949	Huntington Williams, M.D.	George A Weber 705 S. Gum st

93D

G74898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74898

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph T. Reuwer

2. DATE OF DEATH 30 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 142-Landwehr Lane
c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RFD, and give township) Baltimore 10-4
D. STREET ADDRESS (If rural, give location) 142-Landwehr Lane

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	10-31-1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Court Sq. Bldg.	Baltimore Md.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Reuwer	Edla Ellinghous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	212-02-2073	Bessie L. Reuwer	Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 23, 1949 to May 30, 1949 that I last saw the deceased alive on May 30, 1949, and that death occurred at 1-P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Alfred Cole, M.D.	1934 Wilkins Ave	May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 2/49	New Cathedral	Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	H. B. Hyppert & Son	1300 Eutaw Place 17

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74899 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 74899

1. NAME OF DECEASED (Type or Print): George Martin Proetz

2. DATE OF DEATH: 30 May 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (DOA) West Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MARYLAND
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D STREET ADDRESS (If rural, give location): 629 DENNISON ST 16-8

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 30 1884
9. AGE (In years last birthday): 65 — If under 1 year: Months, Days; If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOTTLE BLOWER
10B. KIND OF BUSINESS OR INDUSTRY: CARR LOWRY
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PROETZ
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 212-07-7646
17. INFORMANT: WIFE — ADDRESS: MRS KATHRYN PROETZ - 629 DENNISON ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocardial Insufficiency
DUE TO
(B) Coronary Disease.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C DATE SIGNED: 30 May 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JUNE 3 1949
24C. NAME OF CEMETERY OR CREMATORY: MT HOPE
24D LOCATION (City, town, or county) (State): EAST ST. LOUIS - ILLINOIS

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR — ADDRESS: HARRY H WITTE - 4101 EDMONDSON AVE

VS 151

94a

74900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57 ✓ Registered No. G74900

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER F. SOWERS M.D.

2. DATE OF DEATH 5-31-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland MD GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY —

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MD GEN. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-7

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 4012 Edmondson Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years; last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	M	Oct 12, 1881	67				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MD

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geo. H. Sowers.

14. MOTHER'S MAIDEN NAME Martha Angel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Clara H. Sowers ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Respiratory Failure

DUE TO

(B) Carcinomatosis

DUE TO

(C) Carcinoma of Pancreas.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION May 25, 1949.

19B. MAJOR FINDINGS OF OPERATION Carcinomatosis

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) V

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1949, to May 31, 1949 *that I last saw the deceased alive on* May 30, 1949 *and that death occurred at* 1:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE W. F. Sowers M. D.

23B. ADDRESS MD Gen. Hosp.

23C. DATE SIGNED 5-31-49.

24A. BURIAL, CREMATION, REMOVAL June 3 '49

24B. DATE JUNE 3'49

24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK

24D. LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR HARRY A WALKE ADDRESS 4101 EDMONDSON AVE

VS 150

469

74901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74901

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie M. Blackston

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 437 Bloom

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: 60 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE 437 Bloom b. COUNTY Balt.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

d. STREET ADDRESS (If rural, give location): 14-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
F	C	W	Feb. 14, 1868	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Talbot Co, Md	U.S.A.

13. FATHER'S NAME: Gainor B.H. Freeman

14. MOTHER'S MAIDEN NAME: Harriett Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mrs Annie Carter	437 Bloom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Congestive heart failure	2 months
DUE TO		
(B)	Essential hypertension	?
DUE TO		
(C)	Arteriosclerosis	?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—		

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
—	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 23, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 29 1949, *and that death occurred at* 5A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George W. McDonald M.D.	644 N Carey St	5/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 3rd 49	Prospect Cemetery	Prospect Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: George T. A. Gibson Sr. ADDRESS

VS 150

93E

G74902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

519.0 G74902

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH LIEBEN

2. DATE OF DEATH: May 30th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3008 Vineyard Lane

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3008 Vineyard Lane 12-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	1895	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tile business	Baltimore, Md.	

13. FATHER'S NAME: Stephen C. Lieben

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	218-14-5145	Mr. Henry Lieben	3008 Vineyard Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilitation — Interval between onset and death: immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pleurisy — 2 weeks

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis and Myocarditis — unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 22nd. 1949, *to* May 30th. 1949, *that I last saw the deceased alive on* May 6th. 1949. *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	401 E. 25th. St. Balto. 18, Md.	5/31/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/1/49	Holy Redeemer	City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	[signature]	WIEDEFELD & SON	GREENMOUNT AVE & 22ND

93D

G74903 G74903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Philip Hawkins

2. DATE OF DEATH: 5-29-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 N. Gilmor St.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-2
D. STREET ADDRESS (If rural, give location): 1023 N. Gilmor St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	married	Sept 4 1864	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hawkins

14. MOTHER'S MAIDEN NAME: Mary Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO: None

17. INFORMANT: Annie Hawkins ADDRESS: 1023 Gilmor St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23, 1949, *to* 5-29, 1949, *that I last saw the deceased alive on* 5-28, 1949, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M.D.

23B. ADDRESS: 1029 N. Stricker St.

23C. DATE SIGNED: 6-1-49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/2/49

24C. NAME OF CEMETERY OR CREMATORY: St Peters

24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Geo. H. Kelso ADDRESS: 1303 Pennsylvania Ave

93E

G74904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74904 Registered No. 331

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sadie Moulton

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1905 Edmondson Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md
D. STREET ADDRESS (If rural, give location): 1905 Edmondson Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	C	W	3/26/1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H. W.		Lee Town W. Va	

13. FATHER'S NAME: Richard Morris

14. MOTHER'S MAIDEN NAME: Emma Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Emma Morris	1905 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Essential Hypertension + Generalized Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 7 *to* May 30, 1949 *that I last saw the deceased alive on* May 27, 1949 *and that death occurred at* 9:45 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. W. Anderson M. D.	612 Edmondson Ave	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/49	Mt Auburn	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Wm. G. Nelson	1383 Pratt

VS 150

83a

G74905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

19 9.8 G74905 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK ABRAHAM SMITH

2. DATE OF DEATH May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31 st St.

c. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1311 Presstman St. 15-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	col	Married	3/14/93	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Smith	Rosa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW I	213-12-6216	Records- US Marine Hospital, Balto. Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, metastatic to lungs, pleura and heart, primary site unknown

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 30, 1949, *to* May 31, 1949 *that I last saw the deceased alive on* May 31, 1949, *and that death occurred at* 12:15A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto, Md.	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/3/49	Balto. National	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Lexington Williams, M.D.	Geo. H. Kelson	1303 Presstman St

VS 150

55 E

BIRTH NO. G74906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 G74906 Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM HOWARD DOBSON

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1915 Orleans St. 6-4

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	12/23/92	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Balto, Md.	USA

13. FATHER'S NAME: John Thomas Dobson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	WW I	218-10-0892	Records-US Marine Hospital, Balto, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1- Postoperative death following pneumonectomy — Interval between onset and death: 1 hr.

DUE TO

(B) 2- Carcinoma of left lung — 3 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/31/49	Carcinoma of left lung	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 16, 1949, *to* May 31, 1949, *that I last saw the deceased alive on* May 31 1949 *and that death occurred at* 12:50 PM *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto, Md.	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 2nd 1949	Balto National	Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Wellington Williams M.D.	Lee & Leach	1703 N. Patterson Pk Ave

47D

G74907 ✓ E 97 No G74907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

N-968 (djm) Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John F. ~~(Pillert)~~ PILERT

2. DATE OF DEATH: May 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-6
D. STREET ADDRESS (If rural, give location): 304 Mt. Olivet LANE.

c. Length of stay in Baltimore: 40 yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Male	White	Single.	Sept. 10-1887.	61				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant worker.	Restaurant.	Baltimore - Md.	U.S.A.

13. FATHER'S NAME: George P. Pilert.

14. MOTHER'S MAIDEN NAME: Mary C. Spillman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes. World War No. I.		Miss Marguerite Pilert	2717 W. North Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Asphyxiation	
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Illuminating gas	
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	304 Mt. Olivet st.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 30, 1949 ? m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Center burner on but unlit with head on gas stove.

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D.		May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial.	June 2/49.	London Park Cemetery.	Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1949	Hunter for Williams, M.D.	Charles J. Schwab	3512 Frederick Ave.

VS 151

163H

G74908 26223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74908 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Smith

2. DATE OF DEATH 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1240 W. Pratt St.

c. Length of stay in Baltimore 27 yrs. (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Wid. ?	8-3-66 ?	82 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Factory work	North Carolina	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bronchopneumonia	3 days
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive Arteriosclerotic Heart Disease	4 yrs. plus
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-4, 1949, *to* May 31, 1949, *that I last saw the deceased alive on* May 31, 1949, *and that death occurred at* 2.10P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. A. Rogers M. D.	4940 Eastern Ave.	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	1 June, 1949	Druemmount	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	Walter Brady Bradley	700 Willow Spring Rd. Dundalk

VS 150

93D

G74909 ✓ X G74909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 75 ✓

BIRTH NO. B.C. #9-10699

1. NAME OF DECEASED (Type or Print): Baby Therese Doyle

2. DATE OF DEATH: 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Life — Yrs. 6 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY: Baltimore
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 407 Register Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F	W	Single	5-22-'49		6	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Balto. Md.	U S A.

13. FATHER'S NAME: Joseph Doyle

14. MOTHER'S MAIDEN NAME: Kathryn Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Joseph Doyle	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Hydrocephalus — Interval between onset and death: Life

DUE TO

(B) Multiple Congenital Malformations — Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-31, 19 49 *to* 6-1, 19 49, *that I last saw the deceased alive on* 6-1, 19 49 *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. D. Thomas, Jr. M. D	Mercy Hosp.	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Cathedral	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1949	Huntington Williams, M.D.	H. W. Jenkins & Sons Co.	4905 York Rd.

VS 150

157a Balto. 12

G74910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

173 Registered No. 1910

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVA E. KANE

2. DATE OF DEATH: 5-30-47

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2312 E. FAYETTE, ST.

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 6-3
D. STREET ADDRESS (If rural, give location): 2312 E. FAYETTE ST

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
FEMALE	WHITE	MARRIED	NOV. 9, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	MARYLAND	

13. FATHER'S NAME: ANTHONY SZCZESNIAK

14. MOTHER'S MAIDEN NAME: JAZEFA HARA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		MRS MILDRED SEUFERT	2312 E. FAYETTE ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism (right) due to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adhes. calcareous of Pericardium due to

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb., 1947 *to* May 30, 1947 *that I last saw the deceased alive on* May 30, 1947, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James H. Gehrmann M. D.	113 W. Monument St.	May 30 '47

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-4-47	New Cathedral	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 1 1947	Tuttle for Williams M.D.	John A. Moran	3000 E. Balt. St.

VS 150

483

G74911 G74911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Hopkins

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md. B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annapolis
D. STREET ADDRESS (If rural, give location): 31 Smithville St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Colored	Single	2-20-21	28		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Hopkins
14. MOTHER'S MAIDEN NAME: Agnes Wallis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Tuberculous Meningitis	2 wks.
DUE TO (B)		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12 1949 *to* 5-31 1949, *that I last saw the deceased alive on* 5-31 1949, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bertram E. Sprafkin M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/1/49
24C. NAME OF CEMETERY OR CREMATORY: Bowen Hill
24D. LOCATION (City, Town, or County) (State): Annapolis, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS: Chas. E. Keene, Annapolis, Md. 14

VS 150

Dr. Brennan

BIRTH NO. G74912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

143 G74912
Registered No.

1. NAME OF DECEASED (Type or Print): Jennie O. Lisher

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700 E. Belvedere Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1700 E. Belvedere Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	married	Mar. 15, 1868	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Md.	

13. FATHER'S NAME: James Lewis

14. MOTHER'S MAIDEN NAME: Laura Walstrum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Harry B. Lisher	1700 E. Belvedere

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 4 hours.
DUE TO
(B) Hypertensive Cardiovascular Disease — 15-20 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 15th 46 *to* May 31, 1949 *that I last saw the deceased alive on* May 31, 1949 *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas J. Brennan M.D.	5217 Harford Road	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-3-49	Mt. Carmel	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Huntington Williams, M.D.	Leonard J. Puck,	5305 Harford Road.

VS 150

927

G74913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74913
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTIN KEPLINGER

2. DATE OF DEATH: May 31-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Catonsville
D. STREET ADDRESS (If rural, give location): 3006 California Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 3-1885
9. AGE (In years last birthday): 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Hotel Keeper
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin L. Keplinger
14. MOTHER'S MAIDEN NAME: Magdalena
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Loudenia Keplinger ADDRESS: 3006 California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute myocardial infarction
DUE TO
(B) Hypertensive cardiovascular disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Fever of undetermined origin

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-3-49
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR: [illegible]
25. FUNERAL DIRECTOR: Leonard Jeruck ADDRESS: 5305 Harford

VS 150

93D

74914 ✓ S-74914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH.

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Margaret Jacobson — 2. DATE OF DEATH: May 26, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nursing Home 1913 Eutah Place
c. Length of stay in Baltimore: Yrs. / Mon. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 612 S. Anna St. 2-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White			79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-
DUE TO Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
William J. McClafferty M.D.		May 26, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		[redacted]	JUN 9 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
JUN 20 1949	[redacted]	[redacted]

VS 191

93

G74915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 90.0 ✓

Registered No. G74915

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Zeller — N-803 ✓ — 2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital

C. Length of stay in Baltimore: Life (Yrs. / Mon. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 20-4
D. STREET ADDRESS (If rural, give location): 2148 Hollins St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widow	December 4, 1854	89	5	27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME: William Eckardt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	None	Sophia Cook	2148 Hollins St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured femur — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	at home	2148 Hollins St

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5/31/49 8:30 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell down 2 steps

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
D. J. Sullivan M.D.	☒	5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	George L. Schaub	2148 Hollins St.

VS 151

186a

G74916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74916

BIRTH NO. B.C.-B-10212

1. NAME OF DECEASED (Type or Print): MARY LIDA DALTON

2. DATE OF DEATH: JUNE 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL HOSPITAL
c. Length of stay in Baltimore: Yrs. 2 Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baldwin
D STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Female	WHITE	Single	May 20, 1949		12	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
NONE	NONE	Baltimore, Maryland	

13. FATHER'S NAME: Frank Carl Dalton

14 MOTHER'S MAIDEN NAME: Lida Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No		FATHER	BALDWIN, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ventricular tachycardia — 2 days

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 31, 1949 *to* June 1, 1949 *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Clarence H. Young M. D.	Union Memorial Hosp	June 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	June 3-49	St Johns	Forest Greens Extended

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	Martin E. Kurtz	Jarrettsville

VS 150

Jack 1576

G74917

Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74917

Registered No.

BIRTH NO. B [illegible] 6827

1. NAME OF DECEASED (Type or Print): John Abrams

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 1121 E. Pratt

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-2
D. STREET ADDRESS (If rural, give location): 1621 Bakbury Ct.

c. Length of stay in Baltimore — Yrs. / Mos. / Days

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3-30-49
9. AGE (In years last birthday): If under 1 year — Months: 1 — Days: 25 — If under 24 hours — Hours: — Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Abrams
14. MOTHER'S MAIDEN NAME: Alice Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration

DUE TO Dehydration &

(B) Acidosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

over

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 5-25-, 1949 *to* 5-25-, 1949 *that I last saw the deceased alive on* 5-25-, 1949 *and that death occurred at* 3:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward Goldblatt M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hoy Burial
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

1192

G74918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74918 Registered No.

BIRTH NO. B.C. 49-10693

1. NAME OF DECEASED (Type or Print): Baby Boy Jones

2. DATE OF DEATH: May 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 532 North Chapel Street

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital

c. Length of stay in Baltimore: 25 years (Yrs. / Mos. / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Negro	Single	May 24, 1949			3 / 36

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvin Jones
14. MOTHER'S MAIDEN NAME: Lenora Boney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lenora Jones ADDRESS: 532 North Chapel St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral pneumonia

DUE TO

(B) Uterine Inertia, Prolonged Labor

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1949 *to* May 25, 1949, *that I last saw the deceased alive on* May 25, 1949 *and that death occurred at* 1:54 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Glen G. Rice, M.D.
23B. ADDRESS: 601 North Broadway
23C. DATE SIGNED: 5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Hoy Funeral
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REG. JUN 2 1949
REGISTRAR'S SIGNATURE: Tuntington Williams, MD
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

108

G74919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74919

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AMELIA POPE

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-1
D. STREET ADDRESS (If rural, give location): 213 West Mulberry Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
female	colored		Aug. 10. [illegible]	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Stewart	Emma H Berry.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mrs. Griffin	1728 N. Payson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Gillian J. McClafferty M.D.	☐ / ☒ / ☐	June 1, 1949

24A. BURIAL, CREMATORY, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-4-49	Mt. Auburn Cem.	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, MD	Mr. Francis A. Humphrey W. Baltimore	578 W. Baltimore St.

VS 151

94a

G74920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 Registered No.

G74920

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GREEN, DAVID

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 521 Oxford St 17-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
M	C		April, 1893	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed.		Md.	U. S. A.

13. FATHER'S NAME: David Green

14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Rechel Green	521 Oxford St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.
DUE TO
(B) Hypertensive Cardiovasc. Renal
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* 5/1/49 *, 19* 49 *, to* 5/31/49 *, 19* 49 *, that I last saw the deceased alive on* 5/31, 19 49 *and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	University Hospital	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-6-49	Mt. Calvary	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	M. D. Francis A. Kenealy & Bro.	528

VS 150

93D

G74921 G74921

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. BC. 49.06636 CERTIFICATE OF DEATH 571 D Registered No.

1. NAME OF DECEASED (Type or Print): ESTHER SCOTT
2. DATE OF DEATH: 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL
C. Length of stay in Baltimore: 2 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): BALTIMORE 15-2
D. STREET ADDRESS (If rural, give location): 1316 N. Mount St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
F	NEGRO	SINGLE	3-27-49	2 mos. 2	4	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Balto, Maryland	U.S.A.

13. FATHER'S NAME: OLIVE P. SCOTT JR
14. MOTHER'S MAIDEN NAME: Esther Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO	NONE	Mrs Esther Scott	1316 Mount St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Infections Diarrhea
DUE TO
(B) Upper respiratory infection
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
NONE	NONE	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	NONE	NONE

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
NONE m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	NONE

22. *I hereby certify that I attended the deceased from* 9:00 PM 5-31, 1949, *to* 9:00 PM 5-31, 1949, *that I last saw the deceased alive on* 5-31, 1949, *and that death occurred at* 9:00 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Doris A. Green M. D.	Provident Hosp.	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Mt. Auburn Cem	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	Mrs Frances A. Kennedy & Sons	5-18

VS 150

1192

G74922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

446

G74922

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Alverta Lane

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 790 W. Mulberry St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-2
D. STREET ADDRESS (If rural, give location): 790 W. Mulberry St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: March 14, 1881
9. AGE (In years last birthday): 68 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Davage
14. MOTHER'S MAIDEN NAME: Marie Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mr. Reginald Lane ADDRESS: 847 Harlem Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

DUE TO

(B) Hypertension — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosos & Nepheritis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 5, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 30, 1949, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: Geo. McDonald M. D.
23B. ADDRESS: 844 N. Carey St. Balt. Md.
23C. DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-3-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949
REGISTRAR'S SIGNATURE: Tuntington Williams, M.D.
25. FUNERAL DIRECTOR: Mr. Francis A. Kemsley
ADDRESS: 578 W. Biddle St.

131a

G74923
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74923
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK GUNDLING

2. DATE OF DEATH May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn Park
D STREET ADDRESS (If rural, give location) 625 Hammond Lane

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
male	white	M.	8/5/1880	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Druids., C & P Co	Md.	

13. FATHER'S NAME Frederick

14. MOTHER'S MAIDEN NAME Mary Geiger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or No)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No.			Family	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C DATE SIGNED
Carl L Boyer M.D		June 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town or county) (State)
B.	6/4/49	Cedar Hill	Brooklyn.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, MD	James L McCarney	1130 E Fort Ave. 21230

VS 151

G74924

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-11018 **CERTIFICATE OF DEATH** 774 Registered No. G74924

1. NAME OF DECEASED (Type or Print): Baby Boy Anzulis

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1520 Belt St. 4-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	S.	5-31-49	Newborn		1 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	U.S.

13. FATHER'S NAME: Anthony Anzulis

14. MOTHER'S MAIDEN NAME: Ann Mae Dickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—	—	Mother	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO
(B) Immaturity — Birthweight
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/31 *1949 to* 5/31 *, 1949 that I last saw the deceased alive on* 5/31 *, 1949 and that death occurred at* 7:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas [illegible] M.D.	Mercy Hospital	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	6/2/49	Loudenbach	Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	[illegible]	1136 S. East Ave

VS 150

G74925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74925

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH PADDY

2. DATE OF DEATH 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL

c. Length of stay in Baltimore 1 Yr. 2 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY ANNE ARUNDEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BROOKLYN PARK

D. STREET ADDRESS (If rural, give location) 109 W. HILL TOP Rd.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white		10-5-1873	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	MD.	U.S.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			ELSIE	HAL SINGER 109 W HILL TOP RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PERITONITIS due to RUPTURE CAECUM

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) INTESTINAL OBSTRUCTION

DUE TO (C) CA. of uterus & metastasis to sigmoid & small bowel mesentery & ileum.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 12 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 6-1, 1949 to 6-1, 1949, that I last saw the deceased alive on 6-1, 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. E. Hunter M.D.	Maryland Gen. Hospital	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	6/4/49	Woodlawn.	Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams M.D.	James L. McCauley	326 E Fort Ave

VS 150

481

74926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

74926 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE LONG

2. DATE OF DEATH 5/31/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2200

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2200 SIDNEY AVE.

c. Length of stay in Baltimore UNKNOWN Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 25-22
D. STREET ADDRESS (If rural, give location) 2221 SIDNEY AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	MARRIED (SEPARATED)	APR 29 88	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	BROOM FACTORY	UNKNOWN	

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO	—	183-01-3799	MRS HELEN REID	2221 SIDNEY AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) — DUE TO
(C) —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* ___ (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
John R Davis M.D.		5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
BURIAL	6-3-49	GLEN HAVEN	RITCHIE HIGHWAY

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	JOHN F. DEANY, INC.	715 LIGHT ST-30

VS 151

93D

G74927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

G74927

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Celia Cohen

2. DATE OF DEATH 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2131 West North Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2131 West North Ave

c. Length of stay in Baltimore Yrs. 51 Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Female	White	Widow		73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Poland	

13. FATHER'S NAME Herman Pesky

14. MOTHER'S MAIDEN NAME Toba

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Edward Cohen	2131 North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cancer - G. I. tract — INTERVAL BETWEEN ONSET AND DEATH about 3 yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) —
DUE TO
(C) Metastases. — 6 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944 *to* June 1, 1949 *that I last saw the deceased alive on* 6/1/49 *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nathan H. Shpritz, M.D.	1810 Eutaw Pl.	6/1/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	Hebrew Herrmy Rem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

46M

G74928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

582.0 G74928

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SADYE COHEN

2. DATE OF DEATH: 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-9

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 4015 Norfolk Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 30
If under 1 Year: Months Days
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hosiah Rustbader
14. MOTHER'S MAIDEN NAME: Mollie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Sidney Cohen ADDRESS: 4015 Norfolk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) ACUTE HEMORRHAGIC PANCREATITIS
DUE TO
B)
DUE TO
C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 5-26-49
19B. MAJOR FINDINGS OF OPERATION: Acute Hemorrhagic Pancreatitis
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 5-25- 19 49 *to* 6-1- 19 49 *that I last saw the deceased alive on* 6-1 19 49 *and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Kott, M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-2-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Hexrug Assn
24D. LOCATION (City, town or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Resnick
ADDRESS: 2100 Eutaw Pl

VS 150

128

G74929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

G74929

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA WARNER

2. DATE OF DEATH: 6-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2120 Brookfield Ave
c. Length of stay in Baltimore: 42 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2120 Brookfield Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow		67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Warsaw	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac	Chiah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Sarah Warner	2120 Brookfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Carcinoma of Stomach	INTERVAL BETWEEN ONSET AND DEATH: 3 years
	DUE TO		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)		
	DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C)	Chronic Hypertrophic Arthritis	10-15 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 49 *to* 6-2, 1949, *that I last saw the deceased alive on* 6-2, 1949, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hudson Cooper M. D.	2201 Eutaw Place	6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-2-49	United Hebrew	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

VS 150

4612

G74930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E917.0

G74930

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise Rogers

N-944.5

2. DATE OF DEATH 5/30/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 205 W. Henrietta St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 20 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A. STATE Baltimore B. COUNTY Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) 205 W. Henrietta St

2-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	C	W	9/15/1902	46 45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Danville Va.	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME
Mellisa Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT ADDRESS
William Walker 205 W. Henrietta St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Bronchopneumonia
DUE TO
(B) Burn + infection of left hand
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH
8 days

CERTIFICATION APPROVED BY
William J. McCafferty M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Burn of left hand

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 5/30/49 @ home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 23/1

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? Coffee pot turned over

22. *I hereby certify that I attended the deceased from* 5/26, 1949, *to* 5/30, 1949 *that I last saw the deceased alive on* 5/30, 1949, *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Dan'l Saunders M. D.

23B. ADDRESS Inv. Sec.

23C. DATE SIGNED 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/3/49	Mt Auburn Ct	Baltimore City.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	D. L. Brown & Son	108 W Montgomery St

VS 150

181

G74931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4/3

G74931 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles T. Meyer

2. DATE OF DEATH May 31 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 505 N. Fulton Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-3
D. STREET ADDRESS (If rural, give location) 505 N. Fulton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	Aug. 28. 1871	77 yrs	11 3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Brooklyn N. Y.	

13. FATHER'S NAME Charles Meyer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		220-12-5964	Maria M. Meyer	505 N. Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular

DUE TO

(B) Cardiac Hypertrophy

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/2, 1949, *to* 5/31, 1949, *that I last saw the deceased alive on* 5/31, 1949, *and that death occurred at* 7 30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frederic J. Zamarski M. D.	3711 Eastern Ave	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-3-49	Maryland Memorial Park	Dundalk Ave. - Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Turlington Williams, M.D.	John C. Miller Inc.	2435 E. Oliver St

VS 150

93D

G74932

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54

G74932 Registered No.

1. NAME OF DECEASED (Type or Print): MARY R. PRICE

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.

c. Length of stay in Baltimore: 30 Yrs. Mths. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-4
D. STREET ADDRESS (If rural, give location): 2850 Woodbrook Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 21, 1891
9. AGE (In years last birthday): 57 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David E. CURRENS
14. MOTHER'S MAIDEN NAME: Mary E. HAWK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Hospital records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiovascular collapse — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs
DUE TO
(B) Carcinoma of rectum
DUE TO
(C) Generalized carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 5/24/49
19B. MAJOR FINDINGS OF OPERATION: Ca of rectum; generalized carcinomatosis
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1949 *to* May 31, 1949 *that I last saw the deceased alive on* May 31, 1949 *and that death occurred at* 11 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: T. Siwinski M.D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/3/49
24C. NAME OF CEMETERY OR CREMATORY: Kriders Cem.
24D. LOCATION (City, town, or county) (State): Westminster Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons. ADDRESS: Balto. Md.

VS 150

46D

G74933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 160 G74933

BIRTH NO. B.C. 49-10831

1. NAME OF DECEASED (Type or Print): Baby Boy. Bailey

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-3
D. STREET ADDRESS (If rural, give location): 1409 N. Potomac St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	White	Single	May 31, 1949	0	1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Thomas Parke Bailey.	Dorothy Elizabeth Paul

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	No		Mr. George Bailey	1409 N. Potomac St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rapid labor & delivery of mother

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 31, 1949 *to* June 1, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. C. Friday M. D.	Maryland General Hosp.	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/2/49	Parkwood	Taylor ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 1949	Huntington Williams, MD	Clarence F. Hoffman	1639 Broadway

160a

G74934 ✓ 1 G74934

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): EDWIN A. BRAINERD

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 W. Lake Avenue

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 811 W. Lake Ave. 27-13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	white	widowed	July 18, 1855	93 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Book Publisher	New York, N. Y.	

13. FATHER'S NAME: Augustus J. Brainerd

14. MOTHER'S MAIDEN NAME: Anne L. Knowles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Natalie Doeleman ADDRESS: 811 W. Lake Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion, uremia
DUE TO
(B) "old age" (93 yrs.)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* June 1, 1949, *that I last saw the deceased alive on* May 31, 1949, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis N. Gay, M. D.	1114 St Paul St.	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
REMOVAL	6/2/49		Westfield, N.J.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

G74935 | BALTIMORE CITY HEALTH DEPARTMENT | G74935

BIRTH NO. | **CERTIFICATE OF DEATH** | Registered No.

1. NAME OF DECEASED (Type or Print): HARRY BROWN

2. DATE OF DEATH: 6/1/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — BALTO. MD.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6709 OLD HARFORD Rd.
c. Length of stay in Baltimore: 25 YEARS (Yrs / Mos / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-7
D. STREET ADDRESS (If rural, give location): 6709 OLD HARFORD RD.

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 4, 1887
9. AGE (In years last birthday): 59
If under 1 Year: Months / Days. If under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPT. FEDERAL RESERVE BK
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HARPER, KANSAS.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: THOMAS JEFFERSON BROWN
14. MOTHER'S MAIDEN NAME: —— HICKS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): 1ST + 2ND W.W.
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS ETHEL A. BROWN — ADDRESS: 6709 OLD HARFORD Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis
DUE TO
(B) arterio sclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* On May 31, 1949 *to* ——, 19—, *that I last saw the deceased alive on* May 31, 1949, *and that death occurred at* 3P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: D Y Shilcrew M.D.
23B. ADDRESS: 7122 Harford Rd
23C. DATE SIGNED: June 1. 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 6/4/49
24C. NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL
24D. LOCATION (City, town, or county) (State): TAYLOR AVE, BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Howard N. Blight, Jr. ADDRESS: 6009 Harford Rd.

VS 150

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G74936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74936

BIRTH NO. 3 31 Registered No.

1. NAME OF DECEASED (Type or Print) Rose Parramore — 2. DATE OF DEATH May 30 - 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore — b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2214 Hunter St

c. Length of stay in Baltimore 30 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland — b. COUNTY — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore — d. STREET ADDRESS (If rural, give location) 2214 Hunter St. 12-4

5. SEX Female — 6. COLOR or RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow — 8. DATE OF BIRTH 6-12-1893 — 9. AGE (In years last birthday) 56 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None — 10b. KIND OF BUSINESS OR INDUSTRY — — 11. BIRTHPLACE (State or foreign country) Florida — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jack Stoke — 14. MOTHER'S MAIDEN NAME Jennie Jatie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Estelle Lawrence — ADDRESS New Jersey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO
(B) Essential Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949 to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE Truman R. Julian, M.D. — 23b. ADDRESS 1707 Aisquith Ave — 23c. DATE SIGNED 6/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify) — 24b. DATE 6-2-49 — 24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. — 24d. LOCATION (City, town, or county) A.A. Co (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1949 — REGISTRAR'S SIGNATURE Huntington Williams, MD — 25. FUNERAL DIRECTOR Rayner Sanders — ADDRESS 1412 E Preston St

832

VS 150

G74937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | Registered No. G74937

1. NAME OF DECEASED (Type or Print): Edward J. Yagel
2. DATE OF DEATH: 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp of Balt
C. Length of stay in Baltimore: Yrs. 50 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 12? W. Lee St - 2-2-1

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 12, 1899
9. AGE (In years last Birthday): 50 | If under 1 year: Months, Days | If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: EXPRESS
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: IGNATIUS YAGEL
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 714-05-6888
17. INFORMANT: MRS EDWARD YAGEL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) recurrent carcinomatosis - DUE TO
from Ca of Sigmoid

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3, 1949 to 5-31, 1949 that I last saw the deceased alive on 5-31, 1949 and that death occurred at 10 AM., from the causes and on the date stated above.

23A. SIGNATURE: Lee Kaufman MD / Roger Stone
23B. ADDRESS: Sinai Hosp of Balt
23C. DATE SIGNED: 6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JUNE-4-49
24C. NAME OF CEMETERY OR CREMATORY: SAFER'S
24D. LOCATION (City, town, or county) (State): FALLS ROAD

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 1949
REGISTRAR'S SIGNATURE: Evelyn Williams, M.D.
25. FUNERAL DIRECTOR: Raymond C. Funk ADDRESS: 3603 Belair Road (13) 46E

G74938

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74938
Registered No.

1. NAME OF DECEASED (Type or Print): William M. Rawlings

2. DATE OF DEATH: May 30-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1701 Madison ave aft a.1
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 30 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto
B. COUNTY: 1701 Madison ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1701 Madison Apt a 1
D. STREET ADDRESS (If rural, give location): 1701 " 14-2

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 72 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ins. Collector
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cal. Co. md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Rawlings
14. MOTHER'S MAIDEN NAME: Charlotte Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT: Elizabeth Rawlings ADDRESS

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic valvular disease
DUE TO heart
INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)
arterio sclerosis
8 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14-, 1949 *to* 5-30-, 1949 *that I last saw the deceased alive on* 5-29-, 1949 *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23A. SIGNATURE: John E. J. Cooper M. D.
23B. ADDRESS: 639 N. Carey St
23C. DATE SIGNED: 6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: June 4-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Anne Co. md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: James Astarjes ADDRESS: 14 W Preston St

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G74939 ✓ G74939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Freund

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 1-1
D. STREET ADDRESS (If rural, give location): 2813 ELLIOTT ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Male	White	Married	JULY 31, 1897	51	10 1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OIL TREATER.	STANDARD OIL	BALTIMORE, MD.	

13. FATHER'S NAME: CONRAD FREUND

14. MOTHER'S MAIDEN NAME: MARGARET DECKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-07-7708	RUTH C. FREUND	2813 ELLIOTT St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Respiratory failure — DUE TO
(B) Brain tumor, left cerebellum — DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 31, 1949	Tumor left cerebellum	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 25, 1949, *to* June 1, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 1.40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John C Ozmanowski M. D.	University Hosp.	June 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-4-49	PARKWOOD CEM.	TAYLOR AVE.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2-1949	Carrington Williams, M.D.	Charles L. Zeiler	901 S. Conkling St.

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G74940 Kobylinski

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74940

BIRTH NO. K

1. NAME OF DECEASED (Type or Print): Anthony Kobylinski

2. DATE OF DEATH: 6/1/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 S. Wolfe St

C. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md 2-3
D. STREET ADDRESS (If rural, give location): 610 S Wolfe St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D.
8. DATE OF BIRTH
9. AGE (In years last birthday): 61 — If Under: Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper in Kitchen
10B. KIND OF BUSINESS OR INDUSTRY: Emerson Hotel
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frank Kobylinski
14. MOTHER'S MAIDEN NAME: Josephine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 220-07-7283A
17. INFORMANT: Antoinette Bertolo ADDRESS: 610 S. Wolfe St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocardial Degeneration
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: P. Kobylinski M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 4-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): a. a. Co.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Wm. S Fialkowski ADDRESS: 2007 Eastern Ave

VS 151

93D

G74941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74941 — Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN KATHRYN GARRITY

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: DC
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
D. STREET ADDRESS (If rural, give location): 6318-2nd St. NW

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore: ? Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	11/13/99	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF (WHAT COUNTRY?)
Clerk	Social Security Adm.	Ohio	USA

13. FATHER'S NAME: Wm. F. Schpoler

14. MOTHER'S MAIDEN NAME: Grace L. Hacher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
Unknown	None	Records-US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: 1- Coronary insufficiency with myocardial infarction — Interval between onset and death: Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO: 2- Generalized arteriosclerosis — Unknown

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 16, 1949, *to* June 1, 1949, *that I last saw the deceased alive on* June 1, 1949 *and that death occurred at* 6:30P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson, M. D.	US Marine Hospital, Balto, Md.	6/2/49

24A. BURIAL, CREMATION, REMOVAL	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 4, 1949	Fort Lincoln	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, M.D.	W. Warren Taltavull (TALTUVALL)	3619-14th St. NW, Wash, D.C.

VS 150

94a

Medical Examiner's Release

G74942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 03.0

G74942 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Josephine Perticone — N-8-1-9

2. DATE OF DEATH June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore 45yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44
D. STREET ADDRESS (If rural, give location) 3310 Gibbons Ave.,

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Fe.	White	Widowed	5-12-78	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hwfe.		Italy	

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Chas Calvo	3310 Gibbons

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
DUE TO
(B) Arteriosclerosis
DUE TO
(C) Fractured femur. — 3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
William J. McClafferty M.D.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (Give exact location)
Accident	at home	3310 Gibbons Ave.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2 5 49 3 p.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Slipped. Fell to floor

22. *I hereby certify that I attended the deceased from* 2/51 *,19* 49 *to* 6/1 *,19* 49 *, that I last saw the deceased alive on* 6/1 *,19* 49 *and that death occurred at* 10:45 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	1400 N. Caroline Street	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-4-49	New Cathedral	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2-1949	Tuntington Williams, M.D.	Leonard J. Ruck	5305 Harford.

VS 150

186a

G74943

G74943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561.0 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert Palmer

2. DATE OF DEATH 5/30/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 27 N. Carey st.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE [redacted] B. COUN[redacted]
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-2
D. STREET ADDRESS (If rural, give location) 728 Wayside Court

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	Negro	widower	July 12 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
?	?	Virginia	U.S.

13. FATHER'S NAME Sonny Palmer

14. MOTHER'S MAIDEN NAME Amanda Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
Unknown		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, Congestive Bilateral
DUE TO Paralytic Ileus — 2 days
DUE TO Ingrinal Hernia Incarcerated 1 week — 2 days
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 24 1949 *to* May 30 1949, *that I last saw the deceased alive on* May 30 1949, *and that death occurred at* 3:50 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. H. Johnson M. D.	403 Med Arts Bg	5/30/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	June 4, 1949	Mt. Calvary	Annapolis Blvd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 1949	Huntington Williams, M.D.	Joseph L. Russ	1200 McCulloh St.

VS 150

122a

G74944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74944

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): ISADORE COHEN

2. DATE OF DEATH: 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sin Mount

C. Length of stay in Baltimore: 35 yrs (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1627 Bentalou St

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 60 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roumania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 055-07-4064
17. INFORMANT: Ruben Cohen ADDRESS: 250 Crown St Brooklyn N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 4 hrs
DUE TO
(B) Hypertensive Cardio-Vascular Disease — 4 yrs
DUE TO
(C) Coronary Artery Disease — 2 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9 '49 *to* June 1 '49 *that I last saw the deceased alive on* June 1 1949, *and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jacob B Gurn M.D.
23B. ADDRESS: 2702 Eutaw Place
23C. DATE SIGNED: June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/2/49
24C. NAME OF CEMETERY OR CREMATORY: Arlington
24D. LOCATION (City, town or county) (State): Rogers Clare

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS 150

925

G74945 (4)

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

17 Registered No. G74945

1. NAME OF DECEASED (Type or Print): William Huber

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-3
D. STREET ADDRESS (If rural, give location): 122 N Montford Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	Married	1-12-87	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Md	

13. FATHER'S NAME: Joseph Huber
14. MOTHER'S MAIDEN NAME: Catherine Nau

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or probably) (If yes give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-09-3551
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ? 1-2 mos.
DUE TO
(B) Renal calculi — ? 5-7 yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive damage; Cancer of prostate

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
31 May 49	enterocholecystostomy, Dr.	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/28, 1949 *to* 6/1, 1949, *that I last saw the deceased alive on* 6/1, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Willard E. Goodwin M. D.	JOHNS HOPKINS HOSPITAL	1 June 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 4-49	Holy Redeemer	4300 Belair Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2-1949	Huntington Williams, MD	Dippel Bros.	1800 E. Lombard St

VS 150

5 B

G74946 (1)

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74946

1. NAME OF DECEASED (Type or Print): Joseph C. Molinari

2. DATE OF DEATH: 1 June 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kenwood
St. Joseph's Hospital (DOA)
C. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Co.
D. STREET ADDRESS (If rural, give location): 6205 Kenwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	W. dowed	Aug 29 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor		Phila. Pa.	U.S.A.

13. FATHER'S NAME: John Molinari

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	218-18-6084	Minna B. Drahter	6205 Kenwood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑	23C. DATE SIGNED
Wm. H. Kammer, Jr. M.D.		1 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 4-49	Holy Redeemer	4300 Belair Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, MD	Diggs & Bro.	7110 Belair Rd

VS 151

94a

G74947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74947

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN ARCHER.

2. DATE OF DEATH JUNE 2, 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 514 E. NORTH AVE.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 514 E. NORTH AVE

c. Length of stay in Baltimore 5 Yrs. —

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY 514 E. NORTH AVE.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE, Md.
D. STREET ADDRESS (If rural, give location) 514 E. NORTH AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W.	MARRIED	Feb 14-1874	75	3 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
CANNING	CANS	JOPPA, Md.	—

13. FATHER'S NAME: Daniel Trainor Archer

14. MOTHER'S MAIDEN NAME: Susanna Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO.		Laura H Archer	713 Gorsuch Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION — Interval between onset and death: immediate
DUE TO
(B) arteriosclerotic cardiovascular disease — years.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: arteriosclerosis — years.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from January 1947 to June 2, 1949 that I last saw the deceased alive on January, 1947 and that death occurred at 10.45A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jack J. Surgen M.D.	506 E. North Ave	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	June 5. 1949	Union Chapel Cem.	Joppa	Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 2 - 1949	Huntington Williams, MD	Archer's Funeral Home per Archer	Benson Md.

VS 150

93c

G74948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74948

BIRTH NO B.C. 49-10912

1. NAME OF DECEASED (Type or Print): Walter Nicholas Dutton Jr

2. DATE OF DEATH: 5/31/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-1

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

D. STREET ADDRESS (If rural, give location): 1044 Brentley ave

c. Length of stay in Baltimore: 4 hrs

5. SEX: M

6. COLOR or RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 5/V/49

9. AGE (In years last birthday): Months; Days; If under 1 day: Hours 8; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Born

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Walter nicholas Dutton, Sr

14. MOTHER'S MAIDEN NAME: Odelle virginia Harmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs Odelle Dutton ADDRESS: 1067 Brentley ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO

(B) Aspiration Inhalation

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1949 to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 4 p m., from the causes and on the date stated above.

23A. SIGNATURE: James M. Fair M.D.

23B. ADDRESS: 400 N. Carrollton ave

23C. DATE SIGNED: 6.1.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6-2-49

24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 2 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brentley ave

VS 150

161a

G74948 A

D.O.A.

G74949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

754.6 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anthony-Bendarowrc

2. DATE OF DEATH: June 2-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Phila
B. COUNTY: Pa
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Phila Pa
D. STREET ADDRESS (If rural, give location): 4849 Pakethrope ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): John Hopkins Hospital

c. Length of stay in Baltimore: 2 hours (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	White	Infant	3-20-1948	1	2 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Phila - Pa	

13. FATHER'S NAME: Peter - Bendarowrc

14. MOTHER'S MAIDEN NAME: Rita Messick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	John Hopkins	Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease "Transposition of the Great Vessels"

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B)

DUE TO (C)

CERTIFICATION APPROVED BY
William H. Kammer, M.D.
per: William J. McCafferty M.D.
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* D.O.A. , 19 , to , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Eugene O. Goldstein, M.D.	John Hopkins Hosp.	6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Removal	6-2-1949	Christ Funeral Home	Phila-Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		Earl B. Houston	403-E. 25th St

VS 150 Medical Ex Case to be approved 1ST-E

G74950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44 G74950 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William C. Burnson
2. DATE OF DEATH: May 31-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1422 orlean St
C. Length of stay in Baltimore: 32 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1422 orlean St 5-1

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Male	col.	Married	May 11-81	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		South Carolina	U.S.A.

13. FATHER'S NAME: Barnes Burnson
14. MOTHER'S MAIDEN NAME: Emma Belton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Annie Strickland ADDRESS: 1422 orleans St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiorenal disease — INTERVAL BETWEEN ONSET AND DEATH: Over 6 mo.

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) senile change — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1949, to 31 May, 1949, *that I last saw the deceased alive on* 30 May, 1949, *and that death occurred at* 1:10 Am., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. C. Purnell M. D.	21 Augusta	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-5-49	Mt Calvary Cem	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
JUN 2 1949	Ellington Williams M.D.	Chas O. Wilson 1000 Druid Md

131a

74951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74951 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leland Corbett

2 DATE OF DEATH 6-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE [redacted] B COUNTY South Carolina
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] - Springfield
D STREET ADDRESS (If rural, give location) Gen Del -

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	White	Single	7/3/1910	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Car loader	Circus	South Carolina	USA

13. FATHER'S NAME Robert Tibbs Corbett

14 MOTHER'S MAIDEN NAME Anna Leland -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Rt	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aortic insufficiency & Stenosis
DUE TO
(B) & decompensation -
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: -

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [1] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 6-1, 1949 *to* 6-2, 1949 *that I last saw the deceased alive on* 6-2, 1949 *and that death occurred at* 9½ *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. E. Evans M. D.	University Hosp	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	6/3/49	Springfield	South Carolina

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Hampton Williams, M.D.	Wm Cook Inc.	1217 St. Paul St

VS 150

92a

G74952
AB-90387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

007

G74952
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Brocklander

2. DATE OF DEATH June 2- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals
4940 Eastern Ave.

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 706 S. Conkling St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Feb.22,1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10B. KIND OF BUSINESS OR INDUSTRY Unemployed

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Brocklander

14. MOTHER'S MAIDEN NAME Kate Felder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S ADDRESS
Yes	WW-I		Baltimore City Hospitals Records-4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Massive Hemorrhage, pulmonary
DUE TO
Pulmonary Tuberculosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-25, 19 44 *to* 6-2-, 19 49, *that I last saw the deceased alive on* 6-2-, 19 49, *and that death occurred at* 1.45A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
C. S. Bozan M. D.	Baltimore City Hospitals	6-2-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Moreland Park	Taylor Av - Parkville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Tully + Zeller	403 S. Wolfe St

VS 150

130

G74953

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74953

1. NAME OF DECEASED (Type or Print) CHARLES L. ROHDE

2. DATE OF DEATH 6-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital of Baltimore Inc.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2836 Mayfield Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md
D STREET ADDRESS (If rural, give location) 2836 Mayfield Ave 7-1

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3 1902
9. AGE (In years last birthday): 46
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Con. Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Arundel Corp.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D. Rohde
14. MOTHER'S MAIDEN NAME: Emma Darbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 212-03-0049
17. INFORMANT: Helena Rohde ADDRESS: 2836 Mayfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Gout - Renal Calculi

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19 1949 *to* 6-2 1949, *that I last saw the deceased alive on* 6-1 1949, *and that death occurred at* 155 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: Barnett Berman M. D.
23B ADDRESS: Sinai Hospital
23C DATE SIGNED: 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: June 6 1949
24C NAME OF CEMETERY OR CREMATORY: Oaklawn
24D LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3-1949
REGISTRAR'S SIGNATURE: Tuttington Williams, M.D.
FUNERAL DIRECTOR: Harry A. Simmons
ADDRESS: 4204 Ridgewood Ave

VS 150

134a

G74954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1500

G74954

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lena Leben

2. DATE OF DEATH: June 2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Pine Crest Home

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Crest Nursing Home

C. Length of stay in Baltimore: Yrs. Life / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
818 N Woodington Road
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - 16-R
D. STREET ADDRESS (If rural, give location)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Mar 17 1855
9. AGE (In years last birthday): 93 — If under 1 Year: Months 6, Days 13 — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Dehler

14. MOTHER'S MAIDEN NAME: Elizabeth Drexel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs James B McCreary ADDRESS: 818 N Woodington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Senility
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
(A) ?
(B)
(C) ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1949, to June 2, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melvin N. Borden M. D.
23B. ADDRESS: 2033 W. Fayette St
23C. DATE SIGNED: 6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 2/49
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Ulman Funeral Home ADDRESS: 2004 Adams

VS 150

97

74955

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74955

Registered No.

1. NAME OF DECEASED (Type or Print): Josef Schmidt

2. DATE OF DEATH: 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West. Baltimore General Hosp

c. Length of stay in Baltimore: Yrs. Mon. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-3
D. STREET ADDRESS (If rural, give location): 3531 Elmley Ave #13

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Married	July 6, 1885	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor		Austria	U.S.A.

13. FATHER'S NAME: Nicholas Schmidt

14. MOTHER'S MAIDEN NAME: Catherine Harle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-01-7413	Joseph Schmidt	107 Elmora Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Myocardial Infarction~~

DUE TO Rheumatic Heart Disease

~~As C.V.D~~ 1) Aortic Stenosis, severe

(B) DUE TO 2) Mitral Stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Myocardial Infarction, healed

INTERVAL BETWEEN ONSET AND DEATH:
(A) ~~26 days~~ old
(B)
(C) several months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5-6-49, 19__, *to* 5-31-49, 19__, *that I last saw the deceased alive on* 5-31-49, 19__, *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
B. L. Grand M.D. M. D.	West. Baltimore General Hosp.	5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 4/49	Holy Redeemer Cem	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Ulrich Funeral Home	2008 Orleans

VS 150

92B

G74956

BIRTH NO. B.C. 49-11935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74956

1. NAME OF DECEASED (Type or Print): Baby girl Warren

2. DATE OF DEATH: 4/23/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Parkville
D. STREET ADDRESS (If rural, give location): 3040 Maryland Ave. Parkville

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: 4/22/49

9. AGE (In years last birthday) — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.: 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Kirkwood Warren

14. MOTHER'S MAIDEN NAME: Emma Elizabeth Hucke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

(B) Prematurity

DUE TO

(C) Therapeutic abortion (Hucke)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4-22 , 1949 *to* 4-23-49 , 19 , *that I last saw the deceased alive on* 4-23-49 19 , *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ben Gold M. D.

23B. ADDRESS: Univ Hosp -

23C. DATE SIGNED: 5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/24/49

24C. NAME OF CEMETERY OR CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Taylor Ave

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Road

VS 150

159

G749.57 ✓ 350 G749.57

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Guy E. Sloffer

2 DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5245 Reisterstown Road

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 5245 Reisterstown Road 21-18

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Male	White	Married

8. DATE OF BIRTH: Sept.9,1890
9. AGE (In years last birthday): 58 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emerson F. Sloffer
14. MOTHER'S MAIDEN NAME: Florence Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Elizabeth K.Sloffer ADDRESS: 5245 Reisterstow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Paralysis agitans
DUE TO
Pneumonia
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION —
19B MAJOR FINDINGS OF OPERATION —
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 49, *to* June 2, 19 49, *that I last saw the deceased alive on* 6/1, 19 49 *and that death occurred at* 1 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B ADDRESS: 3033 W North Ave
23C DATE SIGNED: 6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/4/49	Druid Ridge	Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.

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G74958 BRYAN X G74958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 443

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Leonard Bryan

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Dorchester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
D. STREET ADDRESS (If rural, give location): 215 Cedar St

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-20-16
9. AGE (In years last birthday): 33
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Bryan
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart failure — Interval between onset and death: Days.

DUE TO

(B) Cardiac Hypertrophy — years.

DUE TO

(C) Hypertension — years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic nephritis — years.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28, 1949 *to* 6-2, 1949 *that I last saw the deceased alive on* 6-2, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Anthony J. Lazo, M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 6 1949
24C. NAME OF CEMETERY OR CREMATORY: Old Field Cemetery
24D. LOCATION (City, town, or county; State): Dorchester Co. Md. Lot [illegible]

DATE RECEIVED BY LOCAL REGISTRAR: June 3 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J. Lewis H. Bayneum
ADDRESS: Cambridge, Md.

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G749:59

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 v 5

G749:59

BIRTH NO. B.C.49-10804 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Brewster

2. DATE OF DEATH: 5-29-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.H.A

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 7-5

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 812 N Castle

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W		5-29-49			12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard B. Brewster	Ruth Mowatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Same	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anencephaly — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atelectasis — DUE TO — Interval between onset and death: 12h

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Premature Separation of Placenta

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-28, 1949 *to* 5-29, 1949 *that I last saw the deceased alive on* 5-29, 1949 *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William A. Post M. D.	Church Home Hosp	5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL MAY 31 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Commissioner of Health	

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1960 JL - 126237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G71960

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Reeser

2. DATE OF DEATH: May 12, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 22 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1604 Greenmount Ave. 12-5

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 24, 1862
9. AGE (In years last birthday): 86 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Arteriolar Nephrosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
H S V D

INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ No ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 20, 1949, *to* May 12, 1949, *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* 2.15 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Logan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): MAY 31 1949

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3-1949
REGISTRAR'S SIGNATURE: Justin for Williams
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

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B65-77705

74901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 674901 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Gubarench

2. DATE OF DEATH: May-13-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue

c. Length of stay in Baltimore: 34 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 918 Bryan Street 22-1

5. SEX	6 COLOR or RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 1 Day: Hours, Min.
Male	White	Widowed	Aug.15,1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Orderley	Hotel	Russia	

13. FATHER'S NAME: Phillip Gubarench

14 MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Records-	Baltimore City Hospitals 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Hypertensive Cardiovascular Disease	3yrs ?
DUE TO (B)		
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Pneumothorax	1wk

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐ No

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30- 1942 *to* 5-13- 1949, *that I last saw the deceased alive on* 5-13 1949, *and that death occurred at* 5 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
G. H. Rogers M. D.	Baltimore City Hospitals	5-23-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	MAY 31 1949

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 3 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

931

G749n2 74087

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49° G749n2 Registered No.

1. NAME OF DECEASED (Type or Print) **Francis** Boteler

2. DATE OF DEATH May 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore 52 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 640 Redwood ST. 4-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Single	June 26, 1867	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME: Frances Boteler.

14. MOTHER'S MAIDEN NAME: Mary E. Boteler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: B.C.H. Records, ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Lobar Pneumonia — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20 19 42 *to* May 5. 19 49, *that I last saw the deceased alive on* May 5. 1949, *and that death occurred at* 10.20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. A. Rogers M. D.	4940 Eastern Ave.	5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL MAY 13 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

108

74963 JL 31419

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49 1

G74963
Registered No.

1. NAME OF DECEASED (Type or Print) **Walter Gardner**

2. DATE OF DEATH **May 7, 1949**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals 4940 Eastern Ave.**

C. Length of stay in Baltimore **48 yrs.** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **510 Camel Alley** 12-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
M	Negro	Sep.	Oct. 15, 1887	61				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME **Charles (D)**

14. MOTHER'S MAIDEN NAME **Emma (D)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		B. C. H. Records,	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia — Interval between onset and death: 2 Weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia — ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1938, *to* May 7, 1949 *that I last saw the deceased alive on* May 7, 1949 *and that death occurred at* 2 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D. A. Regan M. D.	4940 Eastern Ave.	5-12-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL MAY 13 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

107

G74964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74964

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Bertha Seaman

2 DATE OF DEATH 6/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE West Virginia
B COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
UNIVERSITY HOSPITAL

C CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Charleston

c. Length of stay in Baltimore Yrs. Mos. Days 3

D STREET ADDRESS (If rural, give location)
1550 Dr. Vie St

5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
female	White	married	April 7-1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife		Pettus Mo	

13. FATHER'S NAME
Richard ~~McMillan~~ M'Nutt

14 MOTHER'S MAIDEN NAME
Blanche Moston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tumor right cerebral hemisphere

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
6-1-49	Tumor right cerebral hemisphere	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* 6-1 *1949, to* 6-2 *, 1949, that I last saw the deceased alive on* 6-2 *, 1949, and that death occurred at* 2 05 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
H. Patterson Mack M. D.	University Hospital	6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/7/49	Silver Brook	Wilmington Del.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Huntington Williams, MD	Clarence F. McGinnis	1627 Broadway

VS 150

57D

G74965

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G74965

1. NAME OF DECEASED (Type or Print): Walter L. Burton

2. DATE OF DEATH: 5-31-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1127 Harlem Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 16-1
D. STREET ADDRESS (If rural, give location): 1127 Harlem Ave

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Jan. 22-1891
9. AGE (In years last birthday): 58
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Book Bindery
11. BIRTHPLACE (State or foreign country): Buckingham Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary J. Burton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 212-09-4498
17. INFORMANT: Annie R. Burton ADDRESS: 1127 Harlem Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Hypertensive
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 5/24, 1949 to 5/31, 1949 that I last saw the deceased alive on 5/31, 1949 and that death occurred at 4:10 p.m. from the causes and on the date stated above.

23A. SIGNATURE, M. D.: [signature] 5/31/49 (5-31-49)
23B. ADDRESS: 1131 Harlem Ave
23C. DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 6-3-49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, township or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Samuel W. Sullivan Jr.
ADDRESS: 83a 1011 N. Arlington Ave

VS 150

G74966
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50.0

Registered No. G74966

1. NAME OF DECEASED (Type or Print) IDA V. DAVIS

2. DATE OF DEATH JUNE 2. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2101 W COLD SPRING LA
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) COLD SPRING NURSING HOME
c. Length of stay in Baltimore 74 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D STREET ADDRESS (If rural, give location) 333 S. PAYSON ST. 20-3

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
FEMALE	WHITE	SINGLE	OCT. 2. 1874	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
AT HOME	AT HOME	BALTIMORE MD	U.S.

13. FATHER'S NAME THOMAS W DAVIS

14 MOTHER'S MAIDEN NAME MARY DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
NO	—	NONE	MR. MILTON BEADENKOPF	2041 PENROSE AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) GENERALIZED ARTERIO SCLEROSIS -
DUE TO

INTERVAL BETWEEN ONSET AND DEATH: ? yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

(C)

II.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb- 15 , 1946, *to* June 2 , 1949, *that I last saw the deceased alive on* June 1 , 1949, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Norman R. Kleiman M. D.	3803 Edmondson Ave	6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 4-49	Western Cem.	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Geo L. Beyer Jr	1512 Hollins St

VS 150

97

74967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-5

Registered No. 74967

BIRTH NO. B.C. 49 11 481

1. NAME OF DECEASED (Type or Print): Deborah Elizabeth Hall

2. DATE OF DEATH: May 28, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto 6
D. STREET ADDRESS (If rural, give location): 6110 Moyer Ave 27-5

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto General Hosp

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White		May 28, 1949			5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Homer Columbus Hall

14. MOTHER'S MAIDEN NAME: Frances Janette Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mother	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Prematurity (Viability).

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 28, 19 49 to May 28, 1949 that I last saw the deceased alive on May 28, 1949, and that death occurred at 11:54 a.m., from the cause and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis L. Greenbaw M.D.	W. Balto Gen. Hosp.	May 31

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL MAY 31 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Huntington Williams, M.D.	Commissioner of Health	

VS 150

160a

G74968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74968

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE VIRGINIA ADAMS

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 108 S. Athol Ave.

c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 108 S. Athol Ave. 8-4

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: July 13, 1900
9. AGE (In years last birthday): 48 yrs. — If under 1 year: Months / Days; If under 24 hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10B. KIND OF BUSINESS OR INDUSTRY: Nurses Exchange

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R. Oettinger

14. MOTHER'S MAIDEN NAME: Mary P. Betz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT: Mrs. Alice Weber — ADDRESS: 108 S. Athol Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
(B) Cardio-Vascular Lesions — 11 Years
DUE TO
(C) Osteo-Myelitis Right Lower Leg. — 12 Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 1920, 1938 *to* 6/2, 1949, *that I last saw the deceased alive on* 6/2, 1949 *and that death occurred at* 3:00 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edith Wakeman M. D.
23B. ADDRESS: 345 Druid Park Drive
23C. DATE SIGNED: 6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 6, 1949
24C NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

923

G74969 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

G74969 — Registered No.

1. NAME OF DECEASED (Type or Print): John W. Ruppel

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2609 Roslyn Ave.

c. Length of stay in Baltimore: 32 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2609 Roslyn Ave.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	July 7, 1874	74 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	Balto. Country Club	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Ruppel	Emma Schriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	215-12-1775	Mrs. Mattie V. Ruppel	2609 Roslyn Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemorrhage	2 days
DUE TO (B)	Arteriosclerosis	1 yr.
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 20, 1949 *to* June 1, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 4 40 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Irvin Lauber M.D.	3003 Sunrise Blvd	Jun. 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

83a

G749.70 ✓ 20.1 G74970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH T. MCDADE

2. DATE OF DEATH June 3, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3631 Old York Road 9-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
male	white		Mar. 13, 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Michael McDade

14. MOTHER'S MAIDEN NAME O'Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Earl L. Royer M.D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED June 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	St Patricks	Cumberland Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Hafer Funeral Home	Cumberland Md

VS 153 R C Walters

94a

G74971 BALTIMORE CITY HEALTH DEPARTMENT G74971

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): George Mortimer Sotheron Jr

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 518 Cathedral St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Virginia B. COUNTY: Rapp'k.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Flint Hill Rural

c. Length of stay in Baltimore: Yrs. 3 Mos. Days

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White		Feb 5, 1893	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Washington, D.C.	U.S.A.

13. FATHER'S NAME: George Mortimer Sotheron Sr

14. MOTHER'S MAIDEN NAME: Linnia Katherine Haddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None.	W. H. Sotheron	Marriottsville Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis.	1 yr.
DUE TO (B)	Hyper Tension	4 yrs.
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1949 *to* Jun 3, 1949, *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 12:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Geo. E. Shannon M.D.	820 Medical Arts Bldg	June 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	June 3/49	Prospect Hill	Front Royal Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Nelligan, M.D.	Harry A. Wirtz	4101 Edmondson Ave

VS 150

94a

BIRTH NO. G749.72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7517 G749.72

1. NAME OF DECEASED (Type or Print): ERNEST T. GREFFEN

2. DATE OF DEATH: JUNE 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Gen'l. Hosp.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HALETHORPE
D. STREET ADDRESS (If rural, give location): 5737 MINERAL AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 19, 1910
9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.: 38

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASST. MANAGER
10B. KIND OF BUSINESS OR INDUSTRY: MET. INS. Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JONES GREFFEN
14. MOTHER'S MAIDEN NAME: BERTHA WAGNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 219-03-5220
17. INFORMANT: MRS LYDIA HOBBS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Uremia
DUE TO
(B) Polycystic Kidneys

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 4/25, 1949 *to* 6/1, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Owen W. Chesbrot M.D.
23B ADDRESS: West Balto. Gen. Hosp.
23C DATE SIGNED: 6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: JUNE 4, 1949
24C NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 1949
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25 FUNERAL DIRECTOR: HARRY H WILKE
ADDRESS: 4101 EDMONDSON AVE

133B

G74973 ✓ X G74973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 6

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr William W Lutz

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — University Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore University Hospital

C. Length of stay in Baltimore: Yrs. — Mos. — Days 2

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland — B. COUNTY Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owings Mills

D. STREET ADDRESS (If rural, give location): Lyons Mill Rd.

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 1884 — 9. AGE (In years last birthday): 65 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Balto Co. Md — 12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Josiah Lutz

14. MOTHER'S MAIDEN NAME: Lowell Underwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Albert R. Lutz — ADDRESS: Owings Mills

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac sudden failure — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) — DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bronchiectasis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE: John F. Benson, M. D. — 23B. ADDRESS: Un. Hosp. — 23C. DATE SIGNED: 6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 6/4/49 — 24C. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — 24D. LOCATION (City, town, or county) (State): Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 - 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Frank H. Purnell — ADDRESS: Pikesville, Md.

VS 150

106B

Cairns

G74974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74974 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph J. Cairns Sr. | 2. DATE OF DEATH June 1st 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
A. STATE Maryland | B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 714 Ramsay st.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 714 Ramsay St 21-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	white	widower	March 30, 1856	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glassblower	Glass	Armagh-Ireland	USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no			Laurence Cairns	714 Ramsay St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis C.V.D. — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 6, 1949 to June 1st, 1949 that I last saw the deceased alive on May, 1949 and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul Schubell M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/14/49	Holy Redeemer	Belair Rd. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3rd 1949	Huntington Williams, M.D.	Frank H. Purnell	Pikesville Md

937

BIRTH NO. G749.75

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G749.75

1. NAME OF DECEASED (Type or Print) RALPH Petti, ~~Mrs. Rocco~~

2. DATE OF DEATH 5-31-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home and Hospital
C. Length of stay in Baltimore 48 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1007 Fawn Street 3-2

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
M	W	Married	10-23-1882	66 yrs.	7	8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman		Italy	U.S.

13. FATHER'S NAME Anthony Petti

14. MOTHER'S MAIDEN NAME Maria ~~Kellothne~~ VALILLI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		213-09-9073	Sarah Weeks - Church Home & Hospital	Friends

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterial erosion cardiac & stomach. DUE TO
(B) DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholecystitis acute

INTERVAL BETWEEN ONSET AND DEATH
10 days
?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-31-49	Hemorrhage with small intestines & colon; distended gallbladder	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-24, 1949, to 5-31, 1949, that I last saw the deceased alive on 5-31, 1949 and that death occurred at 10:5 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Robert Haase M.D.	Church Home & Hospital	6/1/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	June 4-49	Holy Redeemer Cem	4430 Belair Rd Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
June 3-1949	Huntington Williams M.D.	Frank Della Rose	3225 E. Hig[illegible]

VS 15Q

117a

G74976 ✓ 1G74976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Nicolina D'Aurora

2 DATE OF DEATH June 1st 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3815 Gough St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3815 Gough St. 26-4

5. SEX	6 COLOR or RACE	7 SINGLE, MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Dec. 8 1866	82	5 / 23	

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife	Home	Pettorano Sul Gizio Italy	

13. FATHER'S NAME Raffaele D'Aurora

14 MOTHER'S MAIDEN NAME Palma D'Aurora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Rocco D'Aurora	3815 Gough St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

(B) Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☑

21A ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/1 *1949, to* 6/1 *1949, that I last saw the deceased alive on* 5/31 *1949, and that death occurred at* 6 A.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. H. Gordon M. D.	3400 E. Baltimore St.	6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 4 1949	Sacred Heart Cemetery	German Hill Rd. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
JUN 3 1949	Huntington Williams, M.D.	Frank Della Rocca	322 S. High St.

94a

G749.7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G749.7 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maria F. D'Ascenzo

2. DATE OF DEATH June 2 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 519 S. Potomac St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 42 Yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 519 S. Potomac St. 1-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Female	White	Married	Sept 20 1882	66	8	12		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Torino Di Sangro- Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mattia Tiraboschi

14. MOTHER'S MAIDEN NAME Luisa Calabrese

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Domenico D'Ascenzo ADDRESS 519 S. Potomac St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocarditis -
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
15 yrs

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* May 2 *19* 49 *to* 6-2 *19* 49, *that I last saw the deceased alive on* 6-1 *19* 49, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE D. J. Battaglia M. D. | 23B. ADDRESS [illegible] | 23C. DATE SIGNED 6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE June 6 1949 | 24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | 24D. LOCATION (City, town, or county) (State) Taylor Ave Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 7 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | FUNERAL DIRECTOR Frank Wells Sons ADDRESS 322 S. High St.

JUN VS 150

937

G749,8
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G749,8

1. NAME OF DECEASED (Type or Print): Lillie Abel

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 838 W. Fayette St. 18-1

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 28, 1904
9. AGE (In years last birthday): 44
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winnsboro, S.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Abel

14 MOTHER'S MAIDEN NAME: Lottie Scribbens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT: Julia Bush ADDRESS: 838 W. Fayette St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis of Spine
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY
m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Carl L Reyer M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR
23C DATE SIGNED: June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-5-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Mr. Katie R. Williams ADDRESS: 3221 Edmondson Ave

VS 151

16

G74979 G74979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Cousia Hawkins

2. DATE OF DEATH May 30, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN Balto. (If outside corporate limits, write RURAL and give township) 18-1
D. STREET ADDRESS (If rural, give location) 912 W. Franklin St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 912 W. Franklin St.

c. Length of stay in Baltimore 14 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (If under 1 year last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Col.	Widow	Aug. 28, 1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Halifax Co. N.C.	U.S.A.

13. FATHER'S NAME Wadger Edmondson

14. MOTHER'S MAIDEN NAME Ester Perkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			Matilda Merritt	912 W. Franklin St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardiotis

DUE TO

(B) Hypertension - Nephritis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/10, 1948 *to* 6/2/9, 1949 *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9 a., m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Dan'l Saunders M. D.	16 W. Lee St	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-3-49	W. Calvary Cem	Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Washington Williams, M.D.	Mrs Katie R. Williams	3224 Edmondson Ave

VS 150

1312

~~AD-128912~~ G74980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 Registered No. G74980

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Mundell

2. DATE OF DEATH June 2-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 910 S. Hanover Street 2-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Married	July 13- 1913	35		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard Ball

14. MOTHER'S MAIDEN NAME Emma Mundell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Baltimore City Hospital Records- 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Penis, with local Extension.	1 Year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Broncho-pneumonia	2 Days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XXX NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11-49 *to* 6-2-49, *that I last saw the deceased alive on* 6-2-49, *and that death occurred at* 8.15 AM *from the causes and on the date stated above.*

23A. SIGNATURE P. S. Rozen M.D.

23B. ADDRESS Baltimore City Hospitals

23C. DATE SIGNED 6-2-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6-6-49

24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR Mrs Katie R. Williams Successor

ADDRESS 522 [illegible]

VS 150

51D

(A)-128070
(74981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3560 G74981

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Earl Dorsey

2 DATE OF DEATH: June 1- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
c. Length of stay in Baltimore: 25yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 401 Perry Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	Negro	Married	Oct. 18-1910	38		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME: John Dorsey

14 MOTHER'S MAIDEN NAME: Julia Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO

17 INFORMANT: Baltimore City Hospitals Records- ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Probable Bulbar Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-7- , 1949 *to* 6-1- , 1949 *that I last saw the deceased alive on* 6-1- , 1949 *and that death occurred at* 5.10 AM *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
R. S. Rogers M. D.	4940 Eastern Avenue	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 4, 1949	Western Star	Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 2-1949	Cunningham Williams, M.D.	Mrs Katie R. Williams	322 N Schroeder

VS 150

82

G74982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74982 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Richard Harp

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Osler 2-

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-1
D. STREET ADDRESS (If rural, give location) 505 N. Bruce St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Married	9-2-02	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Solomon Harp.

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: days.
DUE TO
(B) myocarditis ? etiology — months.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Pulmonary Infarct — days.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-26-49 *to* 6-1-49, *that I last saw the deceased alive on* 6-1-49 *and that death occurred at* 2-1 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm Thomas Jr. M.D.	JOHNS HOPKINS HOSPITAL	6-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	6-4-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Washington Williams, M.D.	Mrs Katie R. Williams	322 N

VS 150

93E

G74983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G74983 Registered No.

BIRTH NO. B.C. 49-11133

1. NAME OF DECEASED (Type or Print): Baby Girl Keiffer

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

c. Length of stay in Baltimore: 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md.
B COUNTY: Baltimore
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 556 Edgewater Apt. East

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W.	Single	June 2, 1949			3 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto., Md St. Joseph's Hospital
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Burke Keiffer
14. MOTHER'S MAIDEN NAME: Lucille Agnes Kotowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 1949 *to* June 3, 1949 *that I last saw the deceased alive on* June 3, 1949 *and that death occurred at* 1:30a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel Burleck M. D.
23B. ADDRESS: 1100 N. Caroline St.
23C. DATE SIGNED: June 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 3/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem
24D. LOCATION (City, town, or county) (State): Balto. County

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3-1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John M. Weber
ADDRESS: 401 N. Chester St. Balto. Md 159

VS 150

Please write this card in ink. Physician: please be especially careful that age is correct. Important.

G74984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 v 3

G74984

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Goldie Johnson Copeland.

2. DATE OF DEATH June 2, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1146 Russell St. 30

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

c. Length of stay in Baltimore 17 Yrs. Mths. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Black		1942	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Baltimore	—

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Clifton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		James Oliver Copeland husband	1146 Russell St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Eclampsia — INTERVAL BETWEEN ONSET AND DEATH: 60 mins.

DUE TO

(B) Pregnancy - near term.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6.2.49	Gravid uterus with term fetus.	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
—	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. I hereby certify that I attended the deceased from June 2, 1949 to June 2, 1949 that I last saw the deceased alive on June 2, 1949 and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James H. Brewer M.D.	University Hospital	June 2 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Mt. Lebanon	Baltimore, Md.

DATE RECEIVED LOCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
JUN 3	Joseph W. Lively	661 W. Barre St

VS 150

144a

G74985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74985

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wayne R. Martindell

2. DATE OF DEATH: June 3 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Halsted 6

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Texas
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Antonio
D. STREET ADDRESS (If rural, give location): 113 1/2 Santana St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
male	white		4-11-49		5 weeks

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Texas	

13. FATHER'S NAME: Jay Martindell

14. MOTHER'S MAIDEN NAME: Lenna Goodman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Atelectasis	3 hrs
DUE TO (B)	Aspiration by vomiting	"
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Post-op adhesions (abdominal)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Cong. duodenal stenosis & Intestinal Malrotation	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-31-49	Intrinsic duodenal obstruction (diaphragm)	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/14/49 *to* 6/3/49 *that I last saw the deceased alive on* 6/3/49 *and that death occurred at* 8 — *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harrison Clark Smead M. D.	JOHNS HOPKINS HOSPITAL	6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6 1949	Baptist Cem	Conowingo Cecil Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Huntington Williams, M.D.	J. E. Tyson	Rising Sun Md.

VS 150

1578

674986 E903.0 ✓ 674986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH N- 196.0

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Anna Martha Flayhart

2. DATE OF DEATH 6-3-49

3. PLACE OF DEATH: A. Baltimore City, Maryland 33rd + Calvert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Balt.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Mem. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-7

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 1709 Abbottston St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	white	married	July 25, 1882	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore Md.	

13. FATHER'S NAME Mr. George Kamper

14. MOTHER'S MAIDEN NAME Anna Aull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John Edw. Flayhart - 1709 Abbottston ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vas. Disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

(B) Acute Pulmonary Edema — 18 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) [illegible] Lennec's Cirhosis — yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Epistaxis (Hemorrhage) — 2 days

CERTIFICATION (If Approved This)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Hallie J. McClafferty M. D.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1709 Abbottston St. 9/7

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-1-49 10:00 AM m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21F. HOW DID INJURY OCCUR? Slipped in bathroom Pt. suddenly fell & hit head on toilet seat

22. I hereby certify that I attended the deceased from 6-1, 1949 to 6-3, 1949 that I last saw the deceased alive on 6-3, 1949, and that death occurred at 4:10 A m., from the causes and on the date stated above.

23A. SIGNATURE Bert Clemens M. D.

23B. ADDRESS [illegible] M H

23C. DATE SIGNED 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/6/49

24C. NAME OF CEMETERY OR CREMATORY Parkwood

24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 3 - 1949

REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Leonard J. Feck - 5305 Harford ADDRESS

VS 150

186a

Correct age is especially important. Physician: please write the cause of death clearly and fully.

G74987 V162 G74987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 15

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD RUTHERFORD FRANK

2. DATE OF DEATH 6/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSP

D. STREET ADDRESS (If rural, give location) 2229 PRENTISS PLACE

c. Length of stay in Baltimore - 44 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE ~~MARRIED~~ WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	married	APRIL 18 1877	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BLOOMINGTON ILLINOIS
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME SYRUS FRANK
14. MOTHER'S MAIDEN NAME ELIZA LARPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS Mrs. Georgia Frank - 2229 Prentiss Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA - RT LUNG
DUE TO a METASTASIS
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO LIVER
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1949 to June 2, 1949 *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.
23B. ADDRESS Church Home & Hosp.
23C. DATE SIGNED 6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/4/49
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State) Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

471

Write the cause of death clearly and legibly. Physician please write in ink. Be especially careful to see that age is especially important. Physician please write in ink. Be especially careful to see that age is correct.

G74988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

G74988 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ~~LEROY B. SMALL~~ Leroy Small

2. DATE OF DEATH May 31/49

3. PLACE OF DEATH: a. Baltimore City, Maryland Balto Md.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sisters Sisters of the Holy Family Home for Aged

c. Length of stay in Baltimore 72 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 1200 Valley street 10-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	S.	May 24, 1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	--	New York City, N.Y.	U.S.A.

13. FATHER'S NAME Samuel T. Small

14. MOTHER'S MAIDEN NAME ~~Jane Moynahan~~

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	none	Sister Ignatius	1200 Valley St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage
DUE TO
(B) Arterio Sclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
(A) 1 day
(B) 5 yr

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1 *, 19*49*, to* May 31 *, 19*49*, that I last saw the deceased alive on* May 30 *, 19*49*, and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Gill Hall M. D.	1631 E North Ave	June 2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/4/49	New Cathedral	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3-1949	Huntington Williams, M.D.	Chas. J. Cogan Son Inc.	118 N. Mt. Royal Ave 83a

VS 150

Correct age is especially important. Physician please write the cause of death clearly and legibly.

G74989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74989

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph J. MiLUNAiTis

2. DATE OF DEATH: MAY 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 841 HoLLiNS

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

c. Length of stay in Baltimore: 37 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE ✓ B. COUNTY ✓
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO MARYLAND
D. STREET ADDRESS (If rural, give location): 841 HOLLINS ST. 18-3

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 1 Day: Hours / Min.
M.	W.	Married	NOV. 11. 1896	53.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FOREMAN	TRiLER.	LiTHUANiA	U.S.A.

13. FATHER'S NAME: John · MiLUNAiTis

14. MOTHER'S MAIDEN NAME: ONA LUSHiKAUSKAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If so, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO.	No.		MRS MARIA MiLUNAiTis	841 HOLLINS ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 5/30/49

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/30, 1949, *to* 5/31, 1949 *that I last saw the deceased alive on* 5/31, 1949 *and that death occurred at* 10.45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph B Lauchenbaugh, M. D.

23B. ADDRESS: 624 Washington Blvd

23C. DATE SIGNED: 6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/4/49

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer.

24D. LOCATION (City, town, or county) (State): BELAIR RD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Charles N. Faehnrich

ADDRESS

94a

Physician: please write the cause of death clearly and accurately. Every age is especially important.

G74990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74990

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bruce Robinson

2. DATE OF DEATH June 3 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Greenway Apts 3401 N Charles St
C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-2
D. STREET ADDRESS (If rural, give location) 3401 N Charles St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	Oct 2 1873	75	8	0		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Standard Oil. Co.	Baltimore Md.	

13. FATHER'S NAME Harry M. Robinson

14. MOTHER'S MAIDEN NAME Elizabeth Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	Spanish American		Mrs. Bruce Robinson	Greenway Apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO
(B) Arteriosclerosis & Hypertension — ? years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
DU		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29 *, 1949, to* June 3 *, 1949, that I last saw the deceased alive on* June 3 *, 19 49, and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Francis W Kluck M. D.	3206 St Paul St	6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6 1949	Green Mount	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	Henry Hankins Sons & Hyde	4905 York Rd

VS 150

94a

G74991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G74991

BIRTH NO. 151 Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE A. HELLER

2. DATE OF DEATH: JUNE 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL
c. Length of stay in Baltimore: 53 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 5007 YORK ROAD 29-10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
MALE	WHITE	MARRIED	SEPT. 12, 1895	53	9	20		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	HARDWARE	BALTIMORE, MD.	U.S.A.

13. FATHER'S NAME: CHRISTIAN HELLER

14. MOTHER'S MAIDEN NAME: ANNA HENGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes.	W.W. I		GEORGE HELLER	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 WKS.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CARCINOMA OF STOMACH — 6 MO.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/22/49	CARCINOMATOSIS	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5/15, 1949, *to* 6/2, 1949 *that I last saw the deceased alive on* 6/2, 1949, *and that death occurred at* 12 30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul A. Herold M. D.	Maryland General Hospital	6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
BURIAL	6-6-1949	DRUID RIDGE	BALTO. CO.	MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, M.D.	H.W. JENKINS & SONS CO.	4905 YORK RD.

VS 150

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G74992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G74992

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCIS MARVIN BOND

2. DATE OF DEATH 6-2-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5811 PIMLICO RD.

c. Length of stay in Baltimore 20 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 5811 PIMLICO RD. 27-15

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	MARRIED	7-17-1880	68	10 / 18	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	INDUSTRIAL	VA.	U.S.A.

13. FATHER'S NAME BEVERLEY WAUGH BOND

14. MOTHER'S MAIDEN NAME ELIZABETH LUMSDEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
YES	W.W. I		KATHARINE HOPPER BOND	SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

(B) arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
No		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 20, 1949 *to* June 2, 1949 *that I last saw the deceased alive on* May 20, 1949 *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Palmer H. Williams M. D.	Pikesville 8. Md	June 2-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or County) (State)
BURIAL	6-6-1949	DRUID RIDGE	PIKESVILLE, BALTO CO. MD

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Lexington Williams, M.D.	H. W. JENKINS & SONS CO.	4905 YORK RD

VS 150

94a

Please write the cause of death clearly and legibly. Physician: please write the correct age is especially important.

G74993

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74993

1. NAME OF DECEASED (Type or Print): Anna T. Birch

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 312 E. 20th Street 12-4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): About 80
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Birch
14. MOTHER'S MAIDEN NAME: Sarah Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Frank Cassinelli — ADDRESS: 92 Perry St. New York N.Y.

MEDICAL CERTIFICATION

CAUSE OF DEATH

16. INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

(B) Arteriosclerosis

DUE TO Hypertension

(C) Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Couple years *1949 to* June 2 *1949, that I last saw the deceased alive on* June 2 *1949, and that death occurred* June 2 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis J. Kirby, M. D.
23B ADDRESS: 1106 Park Ave
23C DATE SIGNED: June 3 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 4, 1949
24C NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24D LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 3 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: H. H. Means and Son
ADDRESS: 805 N. Calvert St.

VS 150

931

G74994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150.0 G74994 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Lancaster

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 817 St. Paul St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: ----
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 817 St. Paul St.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	Unknown	about 80	--	-	-	-

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Detective	Detective	Baltimore, Md.	------

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
-----	----------	----------

17. INFORMANT: Mrs. Mary Lancaster ADDRESS: 817 St. Paul

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypostatic Pneumonia	3 days
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Paraplegia	5 Mos.
	DUE TO Arteriosclerosis	3 yrs.
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Rectal Abscesses.	5 Mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 11, 1948 *to* May 31, 1949 *that I last saw the deceased alive on* May 31, 1949 *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Albert G. Bergenwald	1613 E. North Ave.	6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/4/49	Green Mount	Bal

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 3 - 1949	Huntington Williams, MD	H. H. Mears & Son	805 N. Calvert St. (2)

VS 150

527

G74995 ✓ G74995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Rose L. Walsh, Mrs John
2. DATE OF DEATH: June 3, 1949
3. PLACE OF DEATH: a. Baltimore City, Maryland
   b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
   c. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Maryland; b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-9; d. STREET ADDRESS (If rural, give location) 4417 Marble Hall Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	W	Dec 23, 1877	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Baltimore	

13. FATHER'S NAME: William Severing
14. MOTHER'S MAIDEN NAME: Sarah Statham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Katherine Walsh — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocardial Infarction	18 hrs.
DUE TO (B)		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-31-49	Duodenal Diverticulum	YES ✓ NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949 to June 3, 1949 that I last saw the deceased alive on June 3, 1949 and that death occurred at 11 19 A.M., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
James M.C. Finney M.D.	Union Memorial Hospital	6-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/4/49	Mt. Calvary	Villa Ridge, Ill.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 4 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.

VS 150

123

Please write in ink. Physician: please write the cause of death clearly and correct age is especially important.

G74996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 974.1

Registered No. G74996

BIRTH NO.

1. NAME OF DECEASED (Type or Print) August C. Derwart Sr. 191

2. DATE OF DEATH 3 June 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital (DOA)

c. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.
D. STREET ADDRESS (If rural, give location) 6909 Moyer Ave 27-5

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 hours: Hours / Min.
Male	White	MARRIED	July 2, 1922	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN		Balto. Md.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANDREW DERWART	THERESA KINLEIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES	WW 2		Mrs ESTELLE DERWART	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Strangulation by Hanging
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Despondency

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 6909 Moyer Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) June 3 1949 1:45 p.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Hanging by rope

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

23A. SIGNATURE Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED 3 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6/7/49	BALTO. NATIONAL	FREDERICK Rd. BALTO 7c

DATE RECEIVED BY LOCAL REGISTRAR 6/4/49
REGISTRAR [redacted]
25. FUNERAL DIRECTOR Howard N. Blight Jr. ADDRESS 6009 Harford Rd Balto Md

VS 151

164a

PLEASE WRITE PLAINLY, WITH [illegible]. Physician: please write the cause of death clearly and correct age is especially important.

G74997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 981.1 G74997 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES WONG N-5274

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1222 Light Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1222 Light Street 23-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Yellow	Single	3/28/1937	12		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Public School	Balto. Md	

13. FATHER'S NAME: James B. Wong

14. MOTHER'S MAIDEN NAME: Helen Tokunaga

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Ida Tokunaga 2773 Alameda Blvd

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bullet wound of brain	
	DUE TO	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	1222 Light Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
June 2, 1949 3:05 A. m.		Firearms

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *thereon and from* Autopsy, Inspection or Inquiry *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE: Carl L. Rogers M.D.

23B. CHIEF MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAMINER ☐ / MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	London Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
JUN 4 - 1949	Huntington Williams, M.D.	Wm. Cook Inc. 1217 St. Paul st.

VS 151

166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G74998

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E981.0 G74998

Registered No.

1. NAME OF DECEASED (Type or Print): HELEN L. WONG

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1222 Light Street

5. SEX: Female

6. COLOR OR RACE: Yellow

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2/21/1915

9. AGE (In Years last birthday): 34 (If under 1 Year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10B. KIND OF BUSINESS OR INDUSTRY: Record Shop

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Tokunaga

14. MOTHER'S MAIDEN NAME: Ida C. Swenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ida Tokunaga ADDRESS: 2773 Clarenda Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bulle' wound of chest
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1222 Light Street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): June 2, 1949 3:00 A.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE: Earl L. Royston M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/6/49

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm Cox Inc. ADDRESS: 127 St. Paul St.

VS 151

166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct age is especially important.

G74993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G74993

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINNIE HALLORAN

2. DATE OF DEATH: 6/2/49

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1510 N. Bond St.

b. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Md
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 8-6
d. STREET ADDRESS (If rural, give location): 510 N. Bond St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: [illegible] 1883
9. AGE (In years last birthday): 65 | If under 1 year: Months | Days | If under 1 day: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Dundalk, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Martin Hafer
14. MOTHER'S MAIDEN NAME: Wilhelmina Jeski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Bodine ADDRESS: 1510 N. Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23a. SIGNATURE: John R Davis, M.D.
23b. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR
23c. DATE SIGNED: 6/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/6/44
24c. NAME OF CEMETERY OR CREMATORY: Cut Rate
24d. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: 1217 N. Paul St.

PLEASE WRITE PLAINLY, WITH PENCIL OR PEN. Correct age is especially important. Physician please write the cause of death clearly and fully.

VS 151

93D

G75000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75000 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE S. BOWERMAN

2. DATE OF DEATH 6/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 25 W. Biddle St

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto 27-48
D. STREET ADDRESS (If rural, give location) 602 Woodbourne Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 1 day: Hours / Min.
Male	White	Widowed	6/15/1876	72	11 / 14	

10A. USUAL OCCUPATION (Give kind of work, even if retired) Salesman
10B. KIND OF BUSINESS OR INDUSTRY W. Z. B. Keller & Co

11. BIRTHPLACE (State or foreign country) Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bowerman
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT Geo. N. Bowerman ADDRESS Radburn N. J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE John R. Davis M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED 6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/6/49
24C. NAME OF CEMETERY OR CREMATORY Parkwood
24D. LOCATION (City, town, or county) (State) Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1949
REGISTRAR'S SIGNATURE Covington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul St

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct age is especially important.

939

G75001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75001 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET YOOS

2. DATE OF DEATH: 6-3-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1201 Windermere Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
F	W	Single	Jan 1st 1874	75	5	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None			

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Yoos	Mary Sander

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
		Kathryn V. Hensler 1201 Windermere Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO
(B) Arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-1 *,* 1949 *to* 6-3 *,* 1949 *that I last saw the deceased alive on* 6-3 *,* 1949 *, and that death occurred at* 4 0¾ A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wilfred Gabenheimer, M.D.	University Hospital	6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Mt. Carmel	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 4 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	127 St. Paul St.

VS 150

836

G75002

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75002

1. NAME OF DECEASED (Type or Print) Champ Howard Free

2. DATE OF DEATH 6/2/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 700 Woodbourne Ave.

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2-7-48
D. STREET ADDRESS (If rural, give location) 700 Woodbourne Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Divorced	6/2/1896	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Engineer	Pa. R.R.	Pa.	

13. FATHER'S NAME Charles H. Free

14. MOTHER'S MAIDEN NAME Amanda E. Krick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Alice E. Hunold	700 Woodbourne Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the Colon — DUE TO
(B) — DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 1946

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1946	Carcinoma of colon	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1946 *to* June 2, 1949, *that I last saw the deceased alive on* June 2, 1949, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard P. Potter M. D.	11 E. Chase St.	June 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR ~~CREMATORY~~	24D. LOCATION (City, town, or county) (State)
Burial	6/4/49	Parkwood	Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 4 - 1949	Huntington Williams, M.D.	Wm. Cook Inc.	1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Cause of death clearly and correct age is especially important. Physician please write the cause

VS 150

46E

G75003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75003

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES A. CAMPBELL

2. DATE OF DEATH June 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 806 W. 33rd St.

C. Length of stay in Baltimore 2 yr (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 806 W 33rd St. 12-6

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Feb 7 1860 | 9. AGE (In years last birthday) 89 yrs | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Wm. Campbell

14. MOTHER'S MAIDEN NAME Martha Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT Ida E. Shipley — ADDRESS 806 W 33rd St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Arteriosclerosis — 20 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1948 to JUNE 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE Arthur J. Davies M. D. | 23B. ADDRESS 806 W 33rd St. | 23C. DATE SIGNED 6-2-49

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE June 4/49 | 24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden | 24D. LOCATION (City, town, or county) (State) Roland Ave. Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1949 | REGISTRAR'S SIGNATURE Livingston Williams M.D. | 25. UNERAL DIRECTOR Einstein E. Donovan | ADDRESS 3638 Roland Ave

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician please write the cause of death clearly and correct age is especially important.

93D

G75004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57 D 3

G75004 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE EUSTATIUS

2. DATE OF DEATH 2 June 49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSP.

c. Length of stay in Baltimore (LIFE) 59 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE MD
B COUNTY BALTO
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 19-1
D STREET ADDRESS (If rural, give location) 1416 W. Franklin St.

5. SEX F
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 25 Dec 1889
9. AGE (In years last birthday) 59 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10B KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WASH., D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NOT KNOWN
14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 7 DAYS
DUE TO
(B) Volvulus — 7 DAYS
DUE TO
(C) POST OPERATIVE ADHESIONS — 10 YRS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 MAY, 1949, *to* 2 JUNE, 1949, *that I last saw the deceased alive on* 2 JUNE, 1949, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE John A. Ferris M.D
23B ADDRESS Mercy Hosp.
23C DATE SIGNED 3 June 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6-13-49
24C NAME OF CEMETERY OR CREMATORY Harmony Cem
24D LOCATION (City, town, or county) (State) Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, MD
25 FUNERAL DIRECTOR W.O. Frances & Hensley Biddle
ADDRESS 578 W

VS 150

1226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give cause of death clearly and correct age is especially important. Physician: please write

G75005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75005 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Playford

2. DATE OF DEATH: June-2-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cambridge Arms Apts.

c. Length of stay in Baltimore: 35 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): Charles & 34th. Streets 12-2

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Jan-30-1871
9. AGE (In years last birthday): 78 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Uniontown, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Robert Playford

14. MOTHER'S MAIDEN NAME: Shouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Spanish-Amer. & W.W. #1
16. SOCIAL SECURITY NO: None

17. INFORMANT: Mrs. Augusta V. Boggs, ADDRESS: 104 Elmwood Road

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill out completely and correctly the cause of death clearly and legibly. Omit words not necessary to state cause. Do not abbreviate. Correct age is especially important. Physician: please write this certificate.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — Immediate
DUE TO
(B) Chronic Coronary Insufficiency — 12 months
DUE TO
(C) Chronic Arteriosclerotic Heart Disease — 2 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
none

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947 to June 2, 1949 that I last saw the deceased alive on June 1, 1949, and that death occurred at 5.15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: William F. Pearce, M. D.
23B. ADDRESS: Cambridge Arms Apts.
23C. DATE SIGNED: June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June-4-1949
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co., ADDRESS: 108 W. North Avenue

VS 150

City #1. 93D

G75006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75006

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRY J. MARTIN

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3505 N. Charles St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3505 N. Charles St. 12-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
male	white	widowed	June 11, 1863	85 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Stationary Engineer	Harford Co., Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Martin	Minerva J. Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
no	no	Mrs. A. E. Goldstein	3505 N. Charles St.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the cause of death clearly and correct age is especially important. Physician: please write only.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho Pneumonia — Interval between onset and death: 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) Hypertension Cardio Renal Vascular disease — 3 years.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1, 19[illegible] *to* 6/1, 19[illegible], *that I last saw the deceased alive on* 6/1, 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	2310 Eutaw Pl	6/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/4/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 4 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

131a

G75007
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 976.0 G75007
Registered No.

1. NAME OF DECEASED (Type or Print): LEONARD WONG
2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1222 Light Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1222 Light Street 22-2

5. SEX: Male
6. COLOR OR RACE: Yellow
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: 7/31/16
9. AGE (In years last birthday): 33
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kim Sing Wong
14. MOTHER'S MAIDEN NAME: Marie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Army
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same
ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bullet wound of brain
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1222 Light Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): June 2, 1949 3:20 A.M.?
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Partial autopsy *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 6/6/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): 3801 Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [signature]
ADDRESS: 130 E. Fort Ave.

164c

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write

075008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 981.0

Registered No. 075008

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EILEEN WONG

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1222 Light Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1222 Light Street 22-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
Female	Yellow	S	1/4/43	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore	

13. FATHER'S NAME: Leonard

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Family - Same	

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Bullet wound of brain	
ANTECEDENT CAUSES	DUE TO (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	1222 Light Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
June 2, 1949 3:15 A.m.		Firearms

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
M.D		6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) ADDRESS
B	6/6/49	Loudon Park	3801 Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
JUN 4 - 1949	Huntington Williams, MD	Wm. L. McCully - 130 E. Fort Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word unknown inserted. Be sure to write the cause of death clearly and legibly. Physicians: please write correct age in especially important.

166

BIRTH NO. G75009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

491 G75009 Registered No.

1. NAME OF DECEASED (Type or Print): BESSIE MILLER
2. DATE OF DEATH: 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale Home 27-17

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	White	Divorced	1874	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore Md	USA

13. FATHER'S NAME: Moses Slesinger
14. MOTHER'S MAIDEN NAME: Ellen Pragg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Albert D Slesinger	340 N Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO	Bronchopneumonia b/ later.	3 days
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	Chron. cardiovascular dis.	Years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1-21 1949 to 6-3, 1949 that I last saw the deceased alive on 6-3, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Henry Hagel M. D.	Levindale Home	6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 5, 1949	Hebrew Friendship Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1949	Registrar for Williams, M.D.	Sol Levinson & Bros	1124 W North Ave

93D

PLEASE WRITE PLAINLY. Physician please write the cause of death correctly and completely. Item 18 is especially important.

IFICATE CORRECTED 6-16-49 — PIPPIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75010

BIRTH No. G75010

1. NAME OF DECEASED (Type or Print) Mrs. Rachel A. Pippin

2. DATE OF DEATH June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3502 Clifton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 5236 St Charles Av Balto Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md 27-18
D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Mar 3 (18 86)
9. AGE (In years last birthday) 85 (73)
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Church Hill Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Wm. Sparks
14. MOTHER'S MAIDEN NAME Rachel Quigley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Pippin ADDRESS 5236 St. Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterio sclerotic cardio vascular disease
DUE TO
(B) Senility
DUE TO
(C) Cachexia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH
? 4 days

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1947, to June 4, 1947, that I last saw the deceased alive on June 4, 1947 and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE Theo. F. Grayson, M. D.
23B. ADDRESS 2802 Harford Rd 18
23C. DATE SIGNED June 4, 1947

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 7-49
24C. NAME OF CEMETERY OR CREMATORY Cloverfield
24D. LOCATION (City, town or county) (State) Catonsville Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR ADDRESS Edgar L Lane Church Hill Md

JUN 5-1949

937

PLEASE WRITE PLAINLY. Physician please write the cause of death correct age is especially important.

G75011 ✓ 4-20 G75011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): Annie R. Kirsh

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 W. Baltimore Street

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-2
d. STREET ADDRESS (If rural, give location): 612 W. Baltimore Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Married
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 73 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: USA.
13. FATHER'S NAME: Milton Benjamin Edlavitch
14. MOTHER'S MAIDEN NAME: Mary ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dr Milton B Kirsh — ADDRESS: 3001 Garrison Blvd

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the cause of death clearly and legibly. Correct age is especially important. Physician, please write.

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years.
DUE TO (B)
DUE TO (C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b PLACE OF INJURY (e.g. in or about home, farm, factory street, office bldg. etc.):
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948 19 —, to 6/3 1949 *that I last saw the deceased alive on* 6/3 1949 *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M D
23b ADDRESS: 2320 Eutaw St
23c. DATE SIGNED: 6/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5/49
24c. NAME OF CEMETERY OR CREMATORY: Hebrew Rimmon Cemetery
24d. LOCATION (City, town, or county, and State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 5 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson Bros
ADDRESS: 1126 W North ave

937

G75012 BALTIMORE CITY HEALTH DEPARTMENT G75012

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1 NAME OF DECEASED (Type or Print) Rebecca Roll

2 DATE OF DEATH June 4, 1949

3. PLACE OF DEATH
A Baltimore City, Maryland
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3615 Rosedale Road
c Length of stay in Baltimore 47 yrs (Yrs / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural give location) 3615 Rosedale Road

5 SEX female
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Widow
8 DATE OF BIRTH 1880
9 AGE (In years last birthday) 69 (If under 1 year: Months / Days; If under 24 hours: Hours / Min.)
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Russia
12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER S NAME Abraham Katz
14 MOTHER S MAIDEN NAME Goldie ?
15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT Benjamin Roll ADDRESS 4213 Pimlico Road

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the cause of death clearly and completely. Correct age is especially important. Physician: please write the cause

CAUSE OF DEATH

18 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)
A) Coronary thrombosis — Interval between onset and death: 13 months
DUE TO hypertension arterio sclerotic heart disease — 2 years
B) acute coronary occlusion — 12 hours
DUE TO Chr. Coronary thrombosis
C

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e g in or about home, farm, factory, street, office bldg, etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 3-26 , 1948 *to* 6-4- , 1949 *that I last saw the deceased alive on* 6-4- , 1949 *and that death occurred at* 6.30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE H. G. Nicholson M D
23B ADDRESS 2220 Eutaw Pl.
23C DATE SIGNED 6-4-49

24A BURIAL, CREMATION, REMOVAL (Specify) Burial
24B DATE June 5, 1949
24C NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cem
24D LOCATION (City, Town or County) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1949
REGISTRAR S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1126 W North ave

93D

G750:3 BALTIMORE CITY HEALTH DEPARTMENT 413 G750:3

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) Rose Block

2. DATE OF DEATH 6-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore Gen. Hosp.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18
D. STREET ADDRESS (If rural, give location) 5353 Gist Ave 415

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years—last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
F	W.	Widowed	1884 (?)	65?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lithuania	USA

13. FATHER'S NAME Banish Zusnuwitz

14. MOTHER'S MAIDEN NAME Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT Benny Block	ADDRESS 5353 Gist Ave

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the cause of death clearly and correct are especially important.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary edema.
DUE TO
(B) Hypertensive Cardio Vascular dis.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20-49, 19__, *to* 6-4-49, 19__, *that I last saw the deceased alive on* 6-4-49, 19__, *and that death occurred at* 12.12 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
H. Grant M.D.	West Baltimore Gen Hosp	6-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 5, 1949	Southern Ave	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1949	[illegible]	Sol Levinson & Bros	1126 W North Ave

937

G75014 G75014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah Smith

2. DATE OF DEATH: June 1, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1317 Mechanic St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon-Wil-Ca Nonsalic Home

C. Length of stay in Baltimore: 54 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-E
D. STREET ADDRESS (If rural, give location): 1541 Pulaski St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Female	Colored	Widow	July 16 1876	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Snow Hill Md.	U.S.A.

13. FATHER'S NAME: Ambrose Armstrong

14. MOTHER'S MAIDEN NAME: Annie Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Ambrose Smith ADDRESS: 1541 Pulaski St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension + Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

(B) Nephritis — 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cerebral Hemorrhage — 6 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia — 2 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-1-1949 *to* 6-1-1949 *that I last saw the deceased alive on* 6-1-1949 *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[illegible] Hamm M. D.	2224 Madison Ave.	6-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/1949	Arbutus Mem. Pk.	Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1949	Hamilton Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician please write the cause of death clearly and correct age is especially important.

G75015 ✓ G75015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33 ✓

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Alethia Barney

2. DATE OF DEATH 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12
D. STREET ADDRESS (If rural, give location) 2420 Madison Av

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Negro	Divorced	4-1-1885	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Greensprings Val, Md	U.S.A.

13. FATHER'S NAME Samuel Davis

14. MOTHER'S MAIDEN NAME Sarah Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Self (Hosp Record)	

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Do not write the cause of death directly on line (a). Correct age is especially important. Physician: please write legibly.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency + cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	No	No

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	None

22. *I hereby certify that I attended the deceased from* 5-23-49 *to* 6-3-49, 19__ *that I last saw the deceased alive on* 6-3, 19 49 *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	Provident Hosp	6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6, 1949	St. Thomas	Randallstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 - 1949	[signature]	Holland Funeral Home	1631 Druid Hill Ave. 5310

VS 150

G75016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

'46 G75016

BIRTH NO. BC-49-11289 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Larson

2 DATE OF DEATH: 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balt. 14-3
D STREET ADDRESS (If rural, give location): 2000 Eutaw Place

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy

c. Length of stay in Baltimore: 1 → days

5. SEX: Male
6. COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 6-3-49
9 AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min: 7 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Lewis Larson
14 MOTHER'S MAIDEN NAME: Jeanne E. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT: Robert Larson ADDRESS: 2000 Eutaw Place

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, with ink. Do not use abbreviations. If death was due to external causes (violence), state the manner and place of occurrence and whether accidental, suicidal or homicidal. Please write the cause of death clearly: please age is especially important. Physicians

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Premature 24 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3- 1949 *to* 6-5 1949, *that I last saw the deceased alive on* 6-3- 1949, *and that death occurred at* 7:35 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: C. F. Bailey M. D.
23B ADDRESS: Mercy
23C DATE SIGNED: 6-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-6-49
24C NAME OF CEMETERY OR CREMATORY: Parkwood
24D LOCATION (City, town, or county) (State): Beltsville Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 5 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25 FUNERAL DIRECTOR: Jack Lepris Inc
ADDRESS: 2100 Eutaw Pl

VS 150

159

G75017 G75017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Harry Aronson

2. DATE OF DEATH 6-3-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Baltimore General

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-27
D. STREET ADDRESS (If rural, give location) 3314 Liberty Heights Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.
Male	White	married		58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Jersey City N.J.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isadore	Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Matilda Aronson	3314 Liberty Hgts

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Do not use abbreviations. Do not write the cause of death in terms of mode of dying, such as cardiac failure, asphyxia, anemia, or uremia. Write the disease causing each of these conditions. Please write the cause of death clearly and correct age is especially important. Physician: please write legibly.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A. Coronary Occlusion — Interval between onset and death: 3 mo.
DUE TO
B. Hypertension — 2 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
C.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 4 1949 to June 3, 1949 *that I last saw the deceased alive on* May 24 1949, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton B Kress M.D.	Sudbrook, Md	6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/5/49	Balto Hebrew	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5 1949	Huntington Williams, M.D.	Jack Sauri Inc	2100 Eutaw Pl

94a

G75018 ✓ G75018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID BROWN

2. DATE OF DEATH 6/3/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI Hospital

c. Length of stay in Baltimore √7 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-1

D. STREET ADDRESS (If rural, give location) 2500 Linden Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M		75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10B. KIND OF BUSINESS OR INDUSTRY Shoe

11. BIRTHPLACE (State or foreign country) Latvia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Emanuel Dietz ADDRESS 5927 Greenspring

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, with ink or indelible pencil; please write the cause of death clearly and correct age is especially important. Physician:

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA of Stomach

DUE TO with liver Metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ Biopsy NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/29/49 *to* 6/3/49, *that I last saw the deceased alive on* 6/3/49, *and that death occurred at* 0 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Manuel Kepper M. D.	Sinai Hospital	6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) State
Burial	6-5-49	Arlington Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 5-1949	Huntington Williams, M.D.	Jack Lewis Inc	2100 Eutaw Pl

46 B

G75019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75019 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Henry Morgan

2. DATE OF DEATH: 6-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 22-3
D STREET ADDRESS (If rural, give location): 1835 S Charles St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Widowed	March 7, 1873	76				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Steam Ship	Maryland	

13. FATHER'S NAME: Thomas H. Morgan

14 MOTHER'S MAIDEN NAME: Vernon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			William P. Morgan	835 S Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteri-sclerotic

DUE TO

(B) Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil Morgan M D		June 7 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, county) (State)
Burial.	6-8-49	Wilson Hillsboro	Easton, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 5 - 1949	Huntington for Williams, M.D.	John F. Denn	715 Light St - 30

VS 15

937

PLEASE WRITE PLAINLY, WITH INK. Physician: please write the cause of death clearly and correct age is especially important.

G75020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

G75020 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jeanne Hawkins (Jones)

2 DATE OF DEATH 6-1-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSP

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 435 Roundview Rd

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	SINGLE	8/24/1934	14	8 / 8	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
STUDENT		Washington, D.C.	U.S.A.

13. FATHER'S NAME: James Willis

14 MOTHER'S MAIDEN NAME: Viola Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
No	None	-	Viola Jones (M)	435 Roundview Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Chronic Glomerular Nephritis & Hypertension - Hypertensive Encephalopathy & Retinopathy

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Pneumonitis - Recent agony

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-30, 1949 *to* 6-1, 1949 *that I last saw the deceased alive on* 6-1, 1949, *and that death occurred at* 10:20 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Edwin R Mansberger M.D	University Hosp.	6-1-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/5/49	Murkirk Cemetery	Murkirk, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 5 - 1949	Huntington Williams, M.D.	Charles G. Cooper	512 Carrollton Ave.

PLEASE WRITE PLAINLY, WITH INK. Correct age is especially important. Physicians: please write the cause of death clearly and completely.

131 B

G75021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50.1 G75021 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sister Mary Engelberta, O.S.F.

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-7
D STREET ADDRESS (If rural, give location): 1421 N. Caroline Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5/5/66
9. AGE (In years last birthday) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.: 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records. ADDRESS:

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, with ink or typewriter; write the cause of death on lines 18a, 18b, 18c. Do not use abbreviations or terms of doubtful meaning. Physician: please write the cause of death in terms which are specific and important. Physicians are requested to fill in items 19 to 23 inclusive.

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ruptured appendix
DUE TO
(B)
DUE TO
(C) Arteriosclerotic hypertension cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 5-25-49
19B. MAJOR FINDINGS OF OPERATION: Ruptured appendix - appendiceal abscess
20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19-49, *to* 6-4-49, *that I last saw the deceased alive on* 6-4-49, *and that death occurred at* 9:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Cardinus Allen, M.D.
23B. ADDRESS: St. Joseph's Hosp.
23C. DATE SIGNED: 6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/6/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 5 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck
ADDRESS: 5305 Harford.

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CERTIFICATE CORRECTED 6-21-49

G75022 BALTIMORE CITY HEALTH DEPARTMENT JUN 6 1949

BIRTH NO. CERTIFICATE OF DEATH Registered No. G75022

1. NAME OF DECEASED (Type or Print) Joseph Lee Arthur

2. DATE OF DEATH June 4.49

3. PLACE OF DEATH: A. Baltimore City, Maryland 6208 Pinehurst Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 6208 Pinehurst Road 7-12

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 7 1889 | 9. AGE (In years. If under 1 year, Months, Days. If under 24 hours, Hours, Min.) 59 birthday

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Director | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph H. Arthur

14. MOTHER'S MAIDEN NAME Mary Charlotte Belt (Dorothy Fitzhugh)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT Robert H. Arthur ADDRESS 1619 Northwick Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis DUE TO

(C) Excessive Smoking

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2 1949 to Jun 4 1949 that I last saw the deceased alive on May 29 1949 and that death occurred at 1a m. from the causes and on the date stated above.

23A. SIGNATURE Chas H Reams M D | 23B. ADDRESS 2105 N Charles St | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE June6.49 | 24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cemty | 24D. LOCATION (City, town, or county) Harford Co (State)

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949 | REGISTRAR'S SIGNATURE Tunstall Williams, MD | 25. FUNERAL DIRECTOR John C. Mitchell Sons | ADDRESS 1900 Eutaw

VS 150

PLEASE WRITE PLAINLY, WITH [illegible]; please write the cause of death correct age is especially important. Physician:

940a

75023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

260

G75023

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Dr. Theodore Cooke Jr.	2 DATE OF DEATH 6/3/49
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hopkins Apts. St Paul & 31 Sts. c. Length of stay in Baltimore Lifetime (Yrs. Mos. Days)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL, and give township) D. STREET ADDRESS (If rural, give location) Hopkins Apts. St. Paul & 31 Sts. 12-2
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 12/15/68
9. AGE (If years, last birthday) 80 (If Under 1 Year: Months Days) (If Under 24 hours: Hours Min.)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor Retired	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Theodore Cooke	14. MOTHER'S MAIDEN NAME Sophia Webster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO None
17. INFORMANT Virginia G. Heinekamp	ADDRESS Hopkins Apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Diabetes Mellitus	Unknown
DUE TO (B)	Arteriosclerosis	"
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST DUE TO (C)	Senility	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	1	

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23A. SIGNATURE Charles R. Goodbourn M.D	23B ADDRESS 2423 N Charles St	23C DATE SIGNED 6/3/49
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B DATE 6/6/49	24C NAME OF CEMETERY OR CREMATORY Druid Ridge
		24D LOCATION (City, town, or county) (State) Pikesville Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles H. Crane & Son Inc. ADDRESS 118 N. McKeldin St.

VS 150

61

PLEASE WRITE PLAINLY, with ink. Punctuate: please write the cause of death correctly. Physician: please write the cause of death correctly. Every item is especially important.

G75024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 1

G75024 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Lockhart

2. DATE OF DEATH 6/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Of Our Lady

c. Length of stay in Baltimore 65 yrs (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 941 W. Franklin

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 5/26/1878 | 9. AGE (In years last birthday) 71 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10B. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Godfrey Schubring

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO ~

17. INFORMANT Mrs. Augusta Walker ADDRESS 941 W. Franklin St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of cervix

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH ?

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1944 *to* June 4, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 5 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE Harry Glassman M.D. | 23B ADDRESS 723 W. Fayette St | 23C. DATE SIGNED June 6 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 6/6/49 | 24C. NAME OF CEMETERY OR CREMATORY Western Cemetery | 24D. LOCATION (City, town, or county; State) Edmondson ave & Longwood St.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25 FUNERAL DIRECTOR John J. Cowan & Son | ADDRESS 2136 Pulaski St.

VS 150

48a

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physician, please write the cause of death in terms which describe the disease, injury or complication which caused death. Do not abbreviate. Do not use terms of mode of dying, such as heart failure, asthenia, etc. Please state duration of each disease and, if not evident, the approximate age at which it was contracted. Please report fully on all conditions which contributed to the death but were not related to the disease or condition causing it. Please report fully on all injuries, stating the nature of injury and the means by which it was received. Please state whether accident, suicide or homicide. Please state whether injury occurred while at work. Please state whether injury occurred in a public conveyance or in private conveyance. Please state whether injury occurred in a public place or in private place. Please state whether injury occurred in a public conveyance or in private conveyance. Please state whether injury occurred in a public place or in private place.

G75025 X ✓ 5-75025 G75025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No. 6556

1. NAME OF DECEASED (Type or Print): Frank J. Lawrence

2 DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Marine Hospital, Baltimore, Md.

c. Length of stay in Baltimore: 21 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
A STATE: District of Columbia
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington, D. C.
D STREET ADDRESS (If rural, give location): 329 Rhode Island Ave., N.E.

5 SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
M	W	single	May 10, 1895	54		

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Merchant seaman	Seaman	Maine	U.S.A.

13 FATHER'S NAME: Alfred Lawrence

14 MOTHER'S MAIDEN NAME: Odelia Viger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
Yes	World War 1	None	Records, U.S.Marine Hospital	Balto.Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatoid arthritis 21 yrs & the spine.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) & Fracture, spontaneous 12 hrs left tibia

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES X NO

21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/14/28, 19__, *to* June 4, 1949 *that I last saw the deceased alive on* June 4, 1949, *and that death occurred at* 2400 hrs., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
[signature] M. D.	Marine Hospital	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/6/49	St. Peters Cemetery	Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Earl B. Wheeler	1037 E 25 St

VS 150

PLEASE WRITE PLAINLY, with pen or pencil. Do not use ditto marks. In stating the cause of death, please write the cause on each line. Do not abbreviate. Do not use terms of doubtful meaning. Be specific and exact. Omit words not essential to a description of the disease. Indicate duration of disease, and if accident, injury or violence, state how it occurred. Please answer every question. If none, or not known, write none or unknown. Physician: please write plainly and fill in all items. Every item is important.

59C

G75026

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75026

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES EDWARD SCOTT

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1010 E. North Avenue

C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1010 E. North Avenue 9 08

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married,
8. DATE OF BIRTH: May 5, 1874
9. AGE (In years last birthday) / If Under 1 Year: Months, Days / If Under 24 Hours: Hours, Min.: 75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: B. Franklin Scott

14. MOTHER'S MAIDEN NAME: Rose Mellin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: 212-05-3450-A

17. INFORMANT: Mrs. Mary E. Scott ADDRESS: 1010 E. North Avenue

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, with ink or indelible pencil. Do not use abbreviations or ditto marks. If unknown, state approximate date. Please write the cause of death, as directed, in items 18 and 19. Do not enter mode of dying, such as heart failure, asthenia, shock or uremia. Do not enter names of contagious diseases unless they were the principal cause of death. Please report correct age in especially important. Physicians are required by law to report deaths promptly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Auto nor Coronary Occlusion — Interval between onset and death: Dec 1948? Jan 4/949

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Arteriosclerotic cardiodegeneration Thrombosis - Pat 44 — Interval: many years

(C) Genital + Cerebral arteriosclerosis — Interval: many years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949 *to* June 4, 1949, *that I last saw the deceased alive on* June 2, 1949, *and that death occurred at* 130 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry B. Hynes M. D.

23B. ADDRESS: 1100 E North Ave

23C. DATE SIGNED: 6 4 49

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 6/8/49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 42D

G75027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

591.0 G75027

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print) LORRAINE B. SUMMERS — LORRAINE SUMMERS

2. DATE OF DEATH June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore - 1
D. STREET ADDRESS (If rural, give location) 646 W. Fayette St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp.

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Widow		58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Connecticut	USA

13. FATHER'S NAME: ? Burns

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		215-18-3813	6420 Rosemont Avenue Mrs. George Bachman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-1-49	A Lone	YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 2, 1949, *to* June 3, 1949, *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John M. Bellows Jr M. D.	Sinai Hosp. Baltimore	June 3, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Parkwood Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 6 - 1949	Tunstington Williams, M.D.	HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 1248

PLEASE WRITE PLAINLY. Physician: please write the cause of death in items 18 and 19. Please be sure the information you give is correct and complete. Omissions will cause unnecessary correspondence. Please answer all questions. Be especially careful to report exact age if less than one year. Please write in ink. Do not use pencil. Please write legibly. Please do not abbreviate. Be sure your answers are complete and correct. Please write the cause of death in items 18 and 19. Physician:

G75028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75028

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH SEARS HALL

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4338 Shamrock Avenue
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4338 Shamrock Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	June 21, 1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	A.& P. Co,	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Hall	Mary Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WWI	212-01-5980	Mrs. Anna E. Hall	4338 Shamrock Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — Interval between onset and death: 18 hr.
DUE TO
(B) Cerebral accident — 3 yrs.
DUE TO
(C) Hypertension C-V. disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/1, 1949, *to* 6/3, 1949 *that I last saw the deceased alive on* 6/1, 1949, *and that death occurred at* 6.50 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Christian F. Rieker M. D.	1 W. Biddle St.	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
burial	6/7/49	Baltimore National	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.	BALTIMORE - 13, MARYLAND 937

VS 150

PLEASE WRITE PLAINLY, with pen and ink; please write the cause of death correctly, as correct age is especially important. Physicians

G75029 G75029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILIP CRIST.

2. DATE OF DEATH JUNE 3 1949.

3. PLACE OF DEATH: A. Baltimore City, Maryland 3109 ST PAUL STREET

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

c. Length of stay in Baltimore LIFE. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE BALTIMORE CITY.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY.
d. STREET ADDRESS (If rural, give location) 3109 SAINT PAUL STREET.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) If under 1 year: Months Days. If under 24 hours: Hours Min.
Male	White	Married	Jan.1,1878	71

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Exporter	Tobacco	Baltimore,Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unknown) Crist	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs Verna Crist,	3109 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMIA OF LARYNX JANUARY 10 1947.
DUE TO
(B) METASTASIS OF LUNGS. 1949.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
JANY 10 1947	CARCINOMIA OF LARYNX.	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	NONE	NO

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* FEBRUARY 20 49 to JUNE 3 , 1949 *that I last saw the deceased alive on* JUNE 3 1949 *and that death occurred at* 6.A. *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Charles P Cleaver M D	3013 ST PAUL STREET	JUNE 3 1949.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Green Mount	Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Hamilton for Williams, M.D.	William Cook, Inc.,	1217 St. Paul St.

VS 150

47a

PLEASE WRITE THE ... copy is especially important. Physician please write ...

G75030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75030

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jessie Rhoda Jones

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Womens and Aged Mens Homes
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Maryland
b COUNTY:
c CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d STREET ADDRESS (If rural, give location): 1400-1404 W. Lexington St.

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months. Days	If Under 24 Hours Hours. Min.
Female	White	Single	Feb. 15, 1875	74	3-	19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		London, England	U. S. of A

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Thomas Jones	Madeline Butter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			L.H.Read Supt.	1400-04 W. Lexington St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

(B) Rheumatoid Arthritis — Years

DUE TO

(C) Cerebral Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November, 1948, *to* June 3, 1949, *that I last saw the deceased alive on* June 2, 1949, *and that death occurred at* 7.00 p m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Norland Edward Day M. D.	4-E. 33rd St Balto 18	June 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town or county) (State)
Burial	6/7/49	Green Mount	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	27 St. Paul St.

VS 150

59a

G75031 ✓ 1 1 3 G75031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. John B. Gruber

2. DATE OF DEATH: 6/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 332 W. Camden St. Balto

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital Balto. Md.

c. Length of stay in Baltimore: 18 Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	Feb 14, 1877	72 51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Clerk	Hotel	Switzerland	Yes (Naturalized)

13. FATHER'S NAME: John. B. Camden

14. MOTHER'S MAIDEN NAME: Sophia Rohner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Patient	332 W. Camden St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial degeneration — Interval between onset and death: Several Yrs
DUE TO
(B) Hypertensive C-V. Disease — 2 yrs.
DUE TO
(C) Cerebrovascular Accident — 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Terminal Uremia

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 2-17, 1949 *to* 6-4, 1949 *that I last saw the deceased alive on* 6-4 1949 *and that death occurred at* 11:25 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Clyde D. Thomas Jr. M.D.	Mercy Hospital	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	St. Peters	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	127 St. Paul St

Please write clearly with pen and ink. Physician: please write all items. Entries must be complete and correct as is especially important.

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G75032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75032

BIRTH NO. _____ Registered No. _____

1. NAME OF DECEASED (Type or Print) David Everhart

2. DATE OF DEATH 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 27 N. Carey St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Hosp.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waltham
D. STREET ADDRESS (If rural, give location) 7309 N. Dakota Ave

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 10 20 1875 | 9. AGE (In years last birthday) 73 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min. 7 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10B. KIND OF BUSINESS OR INDUSTRY Asked Corp.

11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. Everhart

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO

17. INFORMANT Raymond C. Everhart | ADDRESS 7304 N. Dakota Ave Balto Co. Md.

MEDICAL CERTIFICATION

Please write clearly with pen and ink. Physician please report cause of death in detail. Correct age is especially important.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Mouth — INTERVAL BETWEEN ONSET AND DEATH 5 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* May 30 19 49 to June 5 19 49, *that I last saw the deceased alive on* June 4, 1949, *and that death occurred at* 9:50 a.m. from the cause stated above.

23A. SIGNATURE W. R. Johnson M. D. | 23B. ADDRESS 405 Medical Arts Bldg | 23C. DATE SIGNED 6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 6/7/49 | 24C. NAME OF CEMETERY OR CREMATORY Oak Lawn | 24D. LOCATION (City, town, or county) (State) Eastern Ave. Extended

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1949 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR Wm. Cook Inc. | ADDRESS 217 St. Paul St.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17 ✓

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. ANNE DRURY

2. DATE OF DEATH 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSP

c. Length of stay in Baltimore LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 4409 WILKINS AVE

5. SEX	6. COLOR or RACE	7. ~~SINGLE, MARRIED~~ WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year Months Days	If under 24 hours Hours Min.
F	W	Divorced	SEPT. 1, 1887	61	9 Y	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	Self	BALTIMORE	

13. FATHER'S NAME JOHN W SHUFFTER

14. MOTHER'S MAIDEN NAME ANNE SHUBOARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Allen Drury	4409 Wilkens Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ADENO-CARCINOMA OF BODY OF UTERUS & METASTASES

DUE TO

(B) HTN CVD

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/30 1949 *to* 6/5 49, *that I last saw the deceased alive on* 6/5 49, *and that death occurred at* 2.10 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Donald W Mintz M.D.	Church Home	6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/8/49	Loudon Park	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 N. Paul St.

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G75034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75034

BIRTH NO B.C. 49-088 no

1. NAME OF DECEASED (Type or Print): Jo Anne Jones

2. DATE OF DEATH: 5/2/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15 01
D. STREET ADDRESS (If rural, give location): 1442 Presstman st

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): President Hospital

c. Length of stay in Baltimore: 15hrs (Yrs / Mons / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Fe	N	Single	5/2/44			12 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W Born Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrea Jones
14. MOTHER'S MAIDEN NAME: Gloria Elaine Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT: Mother
ADDRESS: 1442 Presstman St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5 *1944 to* May 5 *1944 that I last saw the deceased alive on* May 5 *1944 and that death occurred at* 3:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Evan H Bierer M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 5/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Retreat Cemetery Hospital Stat
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949
REGISTRAR'S SIGNATURE: Courtesy for Williams, MD
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

161a

PLEASE WRITE: Items 1 to 17 are important. Physician: please write the cause of death in plain terms. Correct age is especially important.

75035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1949 G75035

BIRTH NO. B.C. 49-09080 Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl of Catherine Wilson

2. DATE OF DEATH: 5/7/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Md

a. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14

b. STREET ADDRESS (If rural, give location): 1523 W. Fayette St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital

c. Length of stay in Baltimore: 18 Hrs. Days

5. SEX: Fe

6. COLOR or RACE: N

7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Single

8. DATE OF BIRTH: 5/6/49

9. AGE (In years last birthday): Under 1 year Months Days

Under 24 hours Hours: 18 Min.: 32

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Born

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Milton Wilson

14. MOTHER'S MAIDEN NAME: Catherine Virginia Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Undetermined

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Weak Prematurity

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949 to May 7, 1949 that I last saw the deceased alive on May 7, 1949 and that death occurred at 4½ a.m., from the causes and on the date stated above.

23A. SIGNATURE: Evan R. Bivens M.D.

23B. ADDRESS: Provident Hosp.

23C. DATE SIGNED: 5/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: Interred in Forest Hill

24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: ADDRESS:

VS 150

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Please write clearly with pen and ink. Use typewriter if possible. Be sure that every item is complete and correct as age is especially important. Physician: please sign and return this certificate promptly.

G75036

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75036

Registered No.

1. NAME OF DECEASED (Type or Print) Mary Osovitz

2. DATE OF DEATH June 5, 1949

3. PLACE OF DEATH
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2906 Loudon Ave

c. Length of stay in Baltimore: Yrs 55 yrs, Mos, Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 2906 Loudon Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1886
9. AGE (In years last birthday): 63 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Prisman
14. MOTHER'S MAIDEN NAME: Ida Kahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Samuel Osovitz ADDRESS: 2906 Loudon Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)
(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

Coronary Thrombosis
Coronary Sclerosis,
Hypertension
&
Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH
1 hour
3 years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1946 to 5 June, 1949, that I last saw the deceased alive on 5 June, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE L. E. Wien M.D.
23B. ADDRESS 920 St. Paul St.
23C. DATE SIGNED 5 June '49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 6, 1949
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Rodelph County
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North Ave

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G75037 G75037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rose KAPLAN

2. DATE OF DEATH: 6-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai

C. Length of stay in Baltimore: 30 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 13 So Eden St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 67 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel Morton
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Arthur Kaplan ADDRESS: 13 So Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A. Myocardial infarction

DUE TO

B. Hypertensive Cardiovascular dis.

DUE TO

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT SUICIDE HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15- 1949 to 6-5 1949 that I last saw the deceased alive on 6-5 1949 and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 6-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-6-49
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, Town or County): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

93D

G75038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 Registered No. G75038

BIRTH NO

1. NAME OF DECEASED (Type or Print) BESSIE COHEN

2. DATE OF DEATH 6-6-49

3. PLACE OF DEATH
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4010 Eldorado Ave

C. Length of stay in Baltimore Yrs. Life — Mos. — Days —

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A STATE Md
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 4010 Eldorado Ave

5. SEX Female
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) married
8. DATE OF BIRTH
9. AGE (In years if 1 or over; If under 1 year Months Days; If under 24 hours Hours Min.) 36

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Blum
14. MOTHER'S MAIDEN NAME Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Emanuel Cohen ADDRESS 4010 Eldorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A. Carcinoma of Breast
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH 8 mos

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* ____ 19__ *, that I last saw the deceased alive on* ____ 19__ *, and that death occurred at* 1:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Ephraim T. Lesansky M. D.
23B. ADDRESS 321 N Eutaw St Balto
23C. DATE SIGNED June 6/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/6/49
24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Mens
24D. LOCATION (City, town, or county) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Jack Sears Inc.
ADDRESS 2100 Eutaw Pl

JUN 6 1949

50

G75033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75033

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ABRAHAM ROSENBERG

2. DATE OF DEATH 6-5-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2247 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore 28 Yrs. Days

D. STREET ADDRESS (If rural, give location) 1724 N. Chapel St

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

9. AGE (In years last birthday) 57 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trader

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Barish

14. MOTHER'S MAIDEN NAME Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ida Rosentery ADDRESS 1724 N. Chapel St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphenia, etc. It means the disease, injury or complication which caused death.)

A: Coronary occlusion — about 1/2 hr

DUE TO

ANTECEDENT CAUSES

B: arteriosclerosis — 10-20 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

C: Hypertension — as above

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March-15, 1949 *to* June-5-1949 *that I last saw the deceased alive on* June-5, 1949, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Herman Seidel M.D.

23B. ADDRESS 2404 Eutaw Pl

23C. DATE SIGNED 6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/7/49

24C. NAME OF CEMETERY OR CREMATORY Rosedale

24D. LOCATION (City, Town or County) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Place ADDRESS

VS 150

94a

PLEASE WRITE IN INK. Physician: please write very plainly. Items are important. Please answer all items. If exact age is especially important, please obtain it.

G75040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75040

BIRTH NO

1. NAME OF DECEASED (Type or Print): ABRAHAM CONTRACT

2. DATE OF DEATH: 6-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write IN, RAI, and give township): Baltimore 15, 12

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

c. Length of stay in Baltimore: 43 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 3541 Park Heights Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (If under 1 year, last birthday) Years: 65 Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Morris
14. MOTHER'S MAIDEN NAME: Bessie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ida Contract ADDRESS: 3541 Park Hgts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction
DUE TO
(B) Hypertensive cardiovascular dis.
DUE TO
Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1949, to 6-5, 1949, *that I last saw the deceased alive on* 6-5, 1949, *and that death occurred at* 1:20 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B ADDRESS: [illegible] Hosp.
23C DATE SIGNED: 6-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-6-49
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel
24D. LOCATION (City, town or county) (State): Halto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR: Jack Lewis Mc
ADDRESS: 2100 Eutaw Pl

VS 150

PLEASE WRITE CLEARLY. Use ink. Be correct. Answer all questions. Be especially important. Physician: please write

92D

G75041 ✓ 4 4 ✓ G75041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Mary F Mullen

2. DATE OF DEATH 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1008 Vincent

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE 1008 Vincent Balto Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md
D. STREET ADDRESS (If rural, give location) 1008 Vincent 16

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	Negro	married	Feb 22 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Housewife	Calvert Co	U S A

13. FATHER'S NAME Wesley Chase

14. MOTHER'S MAIDEN NAME Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Leo Mullen	1008 Vincent

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo

DUE TO

(B) Gastritis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-49 *to* 6-3-49, *that I last saw the deceased alive on* 6-2-49, *and that death occurred at* 12:35 p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Wm R Bork M. D.	1133 N. Monroe	6-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 6-1949	Mt Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6-1949	Huntington Williams, MD	P Brooks	1463 N. Carey St

VS 150

131a

Correct age is especially important. Physici[illegible]

75042 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 ✓ Registered No. G75042

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William S. Hodges

2. DATE OF DEATH: 6-5-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Ellicott City
D. STREET ADDRESS (If rural, give location): Columbia Rd - Ellicott City

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
M	W.	Married	11-23-1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Feed Store	Md.	

13. FATHER'S NAME: Adison Hodges

14. MOTHER'S MAIDEN NAME: Adelaide Snowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
W.W. #1	306-10-8395	Hospital Records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA LUNG — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) C METASTASIS TO RT. URETER — DUE TO

(C) TERMINAL UREMIA

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/3, 1949 *to* 6/5, 1949, *that I last saw the deceased alive on* 6/5, 1949, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John H. Shaw M.D.	St. Agnes Hosp.	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-7-49	St Johns	Ellicott City Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Huntington Williams, M.D.	E. C. Higinbotham	Ellicott City Md

47D

Please write plainly. Important: please correct age is especially important. Physicians: please

G75043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1544 Registered No. G75043

BIRTH NO. 49-10236

1. NAME OF DECEASED (Type or Print): Albert Fiersuk

2. DATE OF DEATH: 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):
A. STATE
COUNTY
1323 W Pratt St
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto Md
D. STREET ADDRESS (If rural, give location): 1323 W Pratt St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 13, 1949
9. AGE (In years last birthday): 3 Mos
If under 1 Year: Months - Days 1
If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert J. Fiersuk
14. MOTHER'S MAIDEN NAME: Helen Fiersuk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Albert Fiersuk ADDRESS

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia
DUE TO
(B) Congenital - Heart disease
DUE TO
(C) — Prematurity

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 6-3, 1949 *to* 6-3, 1949, *that I last saw the deceased alive on* 6-3, 1949, *and that death occurred at* 2:27 *m., from the causes and on the date stated above.*

23A. SIGNATURE: F. G. Thomas M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/6/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md
25. FUNERAL DIRECTOR: Charles W Sachsenahon ADDRESS: 703 McHenry St

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6-1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD

VS 150

157E

G75044

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 9 2 9

G75044

Registered No.

1. NAME OF DECEASED (Type or Print): James Oliver — 2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: Yrs. 4 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 210 Penn St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C		Aug. 6 1938	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summerton S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Green Oliver
14. MOTHER'S MAIDEN NAME: Genera Riggins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Genera Oliver — ADDRESS: 210 Penn St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Drowning
DUE TO
(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): pier #1
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Pier #1 Pratt St. 4/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: June 2, 1949 5:30 P
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell into harbor

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Carl L Rogers M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: June 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Interment	6/7/49	St. Marks	Summerton S.C.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Robert L. Young
ADDRESS: 1532 E. Monument St.

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VS 151

PLEASE WRITE IN THE CAUSES OF DEATH CLEARLY. Physician: please write the cause of death in such terms that a correct age is especially important.

G75045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75045

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert B. Gardner

2 DATE OF DEATH June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mercy Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 110 W. Mulberry Street

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widowed		75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Washington, D.C.	USA

13. FATHER'S NAME
William F. Gardner

14 MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT ADDRESS
		Mr. Robert W. Gardner, Burlington, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID INJURY OCoccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐	23C DATE SIGNED
M D		6-5-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6-7-49	Glenwood Cemetery	Washington, D.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
JUN 6 - 1949	Huntington Williams, MD	Geo. Forsch Sons 2901 - 14th St. N.W.

VS 151

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G75046 724 G75046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) Celeste Freedenburg

2. DATE OF DEATH June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1500 N. Fulton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore 71 Yrs. (Yrs. / Mos. / Days)

D. STREET ADDRESS (If rural, give location) 1500 N. Fulton Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F M	White	Married	7/25/1877	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	Baltimore, Maryland	U.S.A

13. FATHER'S NAME Charles Chalmers

14. MOTHER'S MAIDEN NAME Lulla Simmering

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
NO	NO	None	Daniel Freedenburg	1500 N. Fulton

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

(B) Bronchopneumonia — 3 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 4 *19*[illegible] *to* June 5 *19*[illegible], *that I last saw the deceased alive on* June 4, 19[illegible], *and that death occurred at* 7:[illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. Williams Frey M. D.	1728 Penna Ave	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 7, 49	Loudon Park	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Curtis for Williams, MD	John T. Stansbury	2700 Edmondson Av.

VS 150

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G75047

G75047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Brown Benjamin Harris

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN Baltimore; D. STREET ADDRESS (If rural, give location) 1209 Madison Ave.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1880

9. AGE (In years last birthday): 68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lexington S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Antonio Harris

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Rebecca Harris ADDRESS 1209 Madison Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 30 days / One month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18-, 1949, to 6-3-, 1949, *that I last saw the deceased alive on* 6-2-, 1949, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders, M.D.

23B. ADDRESS: 1029 N. Strieker St.

23C. DATE SIGNED: 6-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/6/1949

24C. NAME OF CEMETERY OR CREMATORY: Family Lot

24D. LOCATION (City, town, or county) (State): Lexington S.C.

25. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949

REGISTRAR'S SIGNATURE: Lexington Williams, Mgr

83a

Med. Exams Case

G75048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

143 Registered No. G75048

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Adams

2. DATE OF DEATH June 3 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-17
D. STREET ADDRESS (If rural, give location) 1130 Ashland Ave

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 3-28-09
9. AGE (In years last birthday) 36 | If under 1 year: Months, Days | If under 1 day: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Tom Wood
14. MOTHER'S MAIDEN NAME Sarah Hunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSIVE CARDIO-VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

CERTIFICATION APPROVED BY
For: Wm. G. Helfrich M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: PENTOTHAL - ETHER ANAESTHESIA

19A. DATE OF OPERATION 6-3-49
19B. MAJOR FINDINGS OF OPERATION NOT PERFORMED - PATIENT DIED WHILE BEING ANAESTHETIZED
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give ward number)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31 1949 to 6/3 1949, that I last saw the deceased alive on 6/3 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

23A. SIGNATURE Robert K. Green M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED June 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6/6/1949
24C. NAME OF CEMETERY OR CREMATORY Farmville
24D. LOCATION (City, town, or county) (State) Virginia

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949
REGISTRAR'S SIGNATURE Municipal Registrar, Baltimore, Md.
25. FUNERAL DIRECTOR Lottie Gross ADDRESS 1408 Ashland

Medical Ex. Case To be approved 937 AVE

Please answer all questions correctly and completely. Physician's certification of cause of death is especially important.

GM. 128984

G75049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E900.0

G75049 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Gross

N-994.0

2. DATE OF DEATH: June 3- 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: MD.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1619 W. Lafayette Ave.

16 03

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: 47 Years (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Negro	Widowed	March-12- 1889	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Fisher	Lucinda Brokenbroch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		B.C.H. Records	4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

CERTIFICATION APPROVED BY
H. Merrill
Fort Wm. H. Hammer M.D.
CHIEF OR ASST. MEDICAL EXAMINER

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Accident	Home	Home 1619 W. Lafayette Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
May 11 -1949 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Fell Down some Steps (no injury

16/3

22. *I hereby certify that I attended the deceased from* 5- 14- , 1949, *to* 6- 3- , 1949, *that I last saw the deceased alive on* 6- 3- , 1949, *and that death occurred at* 9.30A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
R. S. Rogers M.D.	B.C.H. 4940 Eastern Ave.	6- 3- 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-7-49	Mt Auburn Cem	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6-1949	Huntington Williams, MD	Wm. Francis A. Hennessy	

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To be approved by the chief medical examiner.

186a

Correct age is especially important. Typewriter preferred.

G75050 — BALTIMORE CITY HEALTH DEPARTMENT — G75050

BIRTH NO.

CERTIFICATE OF DEATH

31

Registered No.

1. NAME OF DECEASED (Type or Print): Ethel Johnson

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 Glenwood Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
A STATE: Md.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 508 Glenwood Ave.

5. SEX: Female
6. COLOR or RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1892
9. AGE (In years last birthday): 56 — If under 1 year: Months, Days — If under 24 hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Simon Johnson
14. MOTHER'S MAIDEN NAME: Susan E. Webb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Wilbert Johnson — ADDRESS: 508 Glenwood Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Cardio Myocarditis — 7 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* June 1, 1949 *to* June 3, 1949 *that I last saw the deceased alive on* June 3, 1949 *and that death occurred at* 2:30 P. M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2329 Gough St.
23C. DATE SIGNED: June 6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-749
24C. NAME OF CEMETERY OR CREMATORY: Pleasant Rest Cem
24D. LOCATION (City, town, or County) (State): Towson, Balto., Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Howard W. Riddle
ADDRESS: 578 Dt.

VS 150

83a

G75051 BIRTH NO. B.C.49-04045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 491

Registered No. G75051

1. NAME OF DECEASED (Type or Print) LEVONIA SMITH

2. DATE OF DEATH June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 905 Pennsylvania Avenue 12-01

5. SEX female | 6. COLOR OR RACE colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH | 9. AGE (In years last birthday) If under 1 year: Months 4, Days, If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Norman Smith | 14. MOTHER'S MAIDEN NAME Emma Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO

17. INFORMANT Norman Smith ADDRESS 905 Penna Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho-pneumonia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE. William J. McClafferty M.D | 23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X] | 23C. DATE SIGNED June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 6/6/49 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary | 24D. LOCATION (City, town, or county) (State) Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR A. L. Halsted | ADDRESS 918. Druid Hill Ave 107

VS 151

Correct age is especially important. If unknown, please

G75052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E983.0

Registered No. G75052

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN REYNOLDS N-991

2 DATE OF DEATH May 29, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 921 Madison Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	Colored	Married		50				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Braymae Buff Ward, Ga.	

13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Rose Reynolds -	521 Sharp St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Strangulation

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
		YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	home	921 Madison Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
May 29, 1949 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Strangulated by necktie

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]	23C. DATE SIGNED
Carl L. Reyn M.D.		5-30-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/6/49	Mt. Calvary Cedar Hill.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6-1949	Huntington Williams, MD	A. Halstead -	918 Druid Hill, Ave.

VS 151

168

G75053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

331 Registered No. G75053

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna ? Anderson

2 DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 222 N. Montford-t. 6-03

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: F
6 COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8 DATE OF BIRTH: 10/10/1883
9 AGE (In years last birthday): 65 — If under 1 year: Months Days — If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Md
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Lane
14 MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17 INFORMANT: Earl Anderson ADDRESS: 222 Montford Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage,
DUE TO
(B) Spontaneous -

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) A. S. C. V. D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Earl L Rogers M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR X
23C DATE SIGNED: June 3, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/6/49
24C. NAME OF CEMETERY OR CREMATORY: Laurel
24D LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Lucretia Williams, Reg
25 FUNERAL DIRECTOR: Joseph B. Lockard Jr.
ADDRESS: 30 N. Gilmor

VS 151

(93)

Correct age is especially important. Regulations require

G75054

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151

G75054

Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS NISBET

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3047 Northern Parkway
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3047 Northern Parkway

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	widowed	Oct. 10, 1873	75 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Chemical Engineer	Scotland	

13. FATHER'S NAME: Andrew W. Nisbet

14. MOTHER'S MAIDEN NAME: Agnes Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no		

17. INFORMANT: Mr. Andrew N. Nisbet — ADDRESS: 2407 Pelham Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO: Toxic Absorption	3 days
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO: Ca of Stomach	2 years
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1949	Ca of Stomach	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 26, 1949, *to* June 5, 1949, *that I last saw the deceased alive on* June 4, 1949, *and that death occurred at* 2:50 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Michael J. Dausch, M. D.	4636 Belair Road	6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	Loudon Park Cem.	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	[illegible]	WM. J. TICKNER & SONS	Balto., Md.

VS 180

46B

G75055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75055

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY DRURY OWENS

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Reservoir St.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 612 Reservoir St.

5. SEX: male
6. COLOR or RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 26, 1876
9. AGE (In years last birthday): 73 yrs. (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Woodlawn Cem.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Hank Owens

14. MOTHER'S MAIDEN NAME: Elizabeth W. Peake

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT: Mrs. May Goodspeed - 149 W. Lanvale St. ADDRESS

MEDICAL CERTIFICATION

(Effect age is especially important for females)

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from April 1, 1949 to June 4, 1949 that I last saw the deceased alive on June 4, 1949, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE: Samuel B. Wolfe M. D.

23B. ADDRESS: 1331 E. North Ave

23C. DATE SIGNED: 6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/6/49

24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949

REGISTRAR'S SIGNATURE: Huntington Williams, MD

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS 150

937

G75056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75056

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jessie Newland Day

2. DATE OF DEATH: 6-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-02
D. STREET ADDRESS (If rural, give location): Blackstone Apt.

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
F	W	MARRIED	Dec 25 1887	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Calhoun Newland	Jessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
none	none	Rev. John Henry Day	Blackstone Apartments

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease
DUE TO Cerebral vascular accident 10 hrs.
(B) Rheumatic Heart Disease 12 yrs
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-2, 1949, *to* 6-5, 1949, *that I last saw the deceased alive on* 6-5, 1949, *and that death occurred at* 2 3/4 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John R. Smith, Jr. M. D.	Union Mem. Hosp. Baltimore 18, Md	6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	M. J. TICKNER & SONS	Balto., Md.

VS 150

95B

G750537

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 903.0

G750537

Registered No.

1. NAME OF DECEASED (Type or Print) FLORENCE COOK

2. DATE OF DEATH JUNE 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 600 S. CHAPEL GATE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Penn Crest Sanitorium

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1534 Linden Ave 14 01

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2/19/1869
9. AGE (In years last birthday) 80 — If Under 1 Year: Months 3, Days 14; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk & Stenographer
10B. KIND OF BUSINESS OR INDUSTRY Balto. City Court House
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert A. Cook
14. MOTHER'S MAIDEN NAME Gloria Schreck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Pauline Cook ADDRESS 1534 Linden Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Bronchopneumonia	3 days
	DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Unspecified type	
	DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	Fracture pubis and rami right femur Generalized arteriosclerosis.	4 wks

CERTIFICATION APPROVED BY
G. G. Merrill M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1534 Linden Ave. 14/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) May 5, 1949 ? m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped & Fell in the back yard

22. I hereby certify that I attended the deceased from May 26, 1949, to June 3, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE Melvin N. Borden M. D.
23B. ADDRESS 2030 E. Fayette St
23C. DATE SIGNED 6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24B. DATE 6/6/49
24C. NAME OF CEMETERY OR CREMATORY Green Mount
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1949
[illegible] Baltimore, Md.
25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 127 St. Paul St.

VS 150

186a

G750:58 ✓ G750:58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isene Plummer Jackson

2. DATE OF DEATH: 6-2-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq Hosp

c. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt.
D. STREET ADDRESS (If rural, give location): 820 N Mount St. 4 6 3

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday): 56 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Plummer
14. MOTHER'S MAIDEN NAME: ~~Isene Plummer~~ Rachel Clee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nephew ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hr
DUE TO
(B) Hypertensive C.V. Disease yrs
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1949, *to* 6-2, 1949, *that I last saw the deceased alive on* 6-2, 1949, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23A. SIGNATURE: A. J. Laham M. D.
23B ADDRESS: Franklin Sq. Hosp
23C DATE SIGNED: 6-3-49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B DATE: 6/6/49
24C NAME OF CEMETERY OR CREMATORY: Carbutus Mem. Pk.
24D LOCATION (City, town, or county) (State): Carbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR: Joseph A. Lucky
ADDRESS: 661 W. Baltimore St.

VS 150

921

correct age is required. Important

G75059 G75059

BALTIMORE CITY HEALTH DEPARTMENT 43

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH E MADDEN JR. 4347 | 2. DATE OF DEATH 6-2-49.

3. PLACE OF DEATH: A. Baltimore City, Maryland 671 GEORGE STREET
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 1.
D. STREET ADDRESS (If rural, give location) 671 GEORGE STREET 12

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	COLORED	MARRIED	7/26/1876	72	10 / 7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		BALTIMORE, MD.	U.S.A.

13. FATHER'S NAME: JOS. E. MADDEN SR.
14. MOTHER'S MAIDEN NAME: LOUISE OALER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		216-07-3576 A	MRS. AMANDA MADDEN	671 GEO. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pernicious Anemia & hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: April 26 / June 2
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 26, 1949, to June 2, 1949, *that I last saw the deceased alive on* June 2, 1949, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. H. Stewart M.D.	632 W Franklin St	June 6, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
BURIAL	6/6/49	MT. AUBURN	BALTIMORE. 30.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	W. A. JACKSON	916 PENNA. AVE.

VS 150

90 B

FICATE CORRECTED [redacted] MARKEY ✓ 9-29-8

G75060

CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75060

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Howard Markey

2. DATE OF DEATH: May 31, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Foot of Lawrence St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: Yrs 7 yrs. Mos 11 mos. Days

D. STREET ADDRESS (If rural, give location): 1702 Lawson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Single	July 23, 1942	7	11 11	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Markey	Edith Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. H. Markey	1702 Lawson St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	harbor	Found: Foot of Lawrence St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21F. HOW DID INJURY Ooccur?
Found: 6 5 49 9a. m.		Accidentally fell into the harbor

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Earl L. Royer M.D.		June 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6, 1949	Holy Cross	Annapolis Blvd & B, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Huntington Williams, M.D.	Chas. F. Lull	1501 E. Fort Ave

VS 151

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Correct age is especially important. Typewriter preferred.

G75061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75061

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): John Lee

2. DATE OF DEATH: June 1st 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317 Madison Avenue

c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Maryland
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 504 W. Lee Street

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 5, 1867
9. AGE (In years last birthday): 82
If Under 1 Year: Months / Days
If Under 1 Day: Hours / Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day man
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lollsburg, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lindsey Lee
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Williams - 1317 Madison Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO
(B) Uremic Coma
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* May 9th, 1949, *to* June 1st, 1949, *that I last saw the deceased alive on* June 1st, 1949, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B ADDRESS: 600 N. Carlington Avenue
23C DATE SIGNED: June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-6-49
24C NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem
24D LOCATION (City, Town, or County) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 - 1949
REGISTRAR'S SIGNATURE: Carlington Williams, MD
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Hanover

VS 150

131a

G75062 G75062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 31 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Manning Davis

2. DATE OF DEATH 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

c. Length of stay in Baltimore 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 17-0 K
D STREET ADDRESS (If rural, give location) 1330 Pennsylvania Ave

5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15-99 | 9. AGE (If under 1 year, last birthday) 49 | Months | Days | Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sumter, S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry James Davis

14. MOTHER'S MAIDEN NAME Anna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO

17. INFORMANT Charles Ann Davis ADDRESS 1330 Penn. Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1949 to June 3, 1949 that I last saw the deceased alive on June 3, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Dudley L. Campbell M.D. | 23B. ADDRESS 722 N. Fulton Ave | 23C. DATE SIGNED 6/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE June 7-1949 | 24C. NAME OF CEMETERY OR CREMATORY Four Bridge Cem. | 24D. LOCATION (City, town, or county) (State) Sumter Co. S. C.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Elroy O. Wilson | ADDRESS 1008 Brantley Ave

VS 150

832

BIRTH NO. G 063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 Registered No. G750063

1. NAME OF DECEASED (Type or Print) ANNA ROANE

2. DATE OF DEATH June 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 230 Harrison St. 401

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	colored	Single	Sept 15, 1926	22		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Phila Pa.	

13. FATHER'S NAME Roland Glass.

14. MOTHER'S MAIDEN NAME Malinda Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Otis Anderson	920 Arlington Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebellar-Pontine Angle Tumor malignant (mp) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
William J. McClafferty M.D.		June 2, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6/49	Mt Calvary Cem	A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Wm H & G. Elliott & Sons	540 1129 N. Carrollton Ave

VS 151

Medical examiner case - Referred ✓

G75064 G75064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Helen Melford

2. DATE OF DEATH 6/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) So. Balto. General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 844 S. Eutaw St 22 02

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	Black	Widow	March 3, 1898	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	None.	N. C.	U-S.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME Helen Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—		Daughter.	

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: about 4hrs

CERTIFICATION APPROVED BY

G. H. Merrill M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased ~~on~~ on 5/26/49, 19~~49~~, to ——, 19~~49~~, that I last saw the deceased alive on 5/26/49, 19~~49~~, and that death occurred at DOA 7:10 p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph W Allen M. D.	1213 S. Light St.	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Mt Calvary Cem.	B. C. County Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Huntington Williams, MD	Mrs Bott G. Elliott & Daughter	1129 N. Carrollton St.

VS 150

94a

G750n5 G750n5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HEAVENLY REST

2. DATE OF DEATH June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 823 N. Arlington Avenue

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 823 N. Arlington Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
female	colored	single	1879	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none	Florida	

13. FATHER'S NAME Unknown

14 MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Widespread Mass -	823 Arlington

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Arteriosclerotic cardiovascular disease	
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH?	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR	23C. DATE SIGNED
George G. Merrill M.D		June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B	6-6-49	Mt. Auburn	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 6 - 1949	Carlington Williams, M.D.	Samuel W. Sullivan Sons 937 1011 N. Arlington Ave

VS 194

BIRTH NO. G750656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G750656

1. NAME OF DECEASED (Type or Print): Alfred Ross

2. DATE OF DEATH: June 3 - 49

3. PLACE OF DEATH: A. Baltimore City B. Maryland 435 W. Henrietta St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
435 W. Henrietta St.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. md

D. STREET ADDRESS (If rural, give location): 435 W. Henrietta St

c. Length of stay in Baltimore: 50 yrs (Yrs. / Mos. / Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed	1870	79 yrs	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Panama	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lloyd Ross	Emily —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—		Eva Ross	435 W. Henrietta St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: —
DUE TO
(B) Myocardial degeneration — 3 mos.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 4, 1949 *to* June 3, 1949 *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W. Thornton Phillips M. D.	1543 Pa. Ave.	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	June 7 49	Mt. Auburn	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Turlington Williams, M.D.	James A. Stamper	142 W. Hill St.

93D

✓X

G75067 — BALTIMORE CITY HEALTH DEPARTMENT — G75067

CERTIFICATE OF DEATH

BIRTH NO. — Registered No.

1. NAME OF DECEASED (Type or Print): NELLIE GRACE MORLEY

2. DATE OF DEATH: 6·5·49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md. — B. COUNTY: Pr. Ga.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laurel
D. STREET ADDRESS (If rural give location)

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/21/80

9. AGE (In years last birthday): 68 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: H. W.

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Tompkins

14. MOTHER'S MAIDEN NAME: Harriett Mayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Dr. Maley — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 6·1 19[illegible] *to* 6·5 , 1949, *that I last saw the deceased alive on* 6·5 , 1949, *and that death occurred at* 6[illegible]25A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wilfred [illegible] M. D. — 23B. ADDRESS: University Hospital — 23C. DATE SIGNED: 6.5.49

24A. BURIAL, CREMATION, REMOVAL, Specify — 24B. DATE: 6/6/49 — 24C. NAME OF CEMETERY OR CREMATORY: Fort Lincoln — 24D. LOCATION (City, town, or county) (State): District Line, Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6- 1949 — REGISTRAR'S SIGNATURE: Huntington Williams — 25. FUNERAL DIRECTOR: [illegible] Laurel, Md. — ADDRESS

124 B

G75068 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

330 G75068 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Irving L. Willey

2. DATE OF DEATH June 4/49

3. PLACE OF DEATH: A. Baltimore City, Maryland Marine Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Dorchester

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 9 Hughlett St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	single	Feb. 27, 1899	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
fisherman		Maryland	U.S.

13. FATHER'S NAME OLiver Willey

14. MOTHER'S MAIDEN NAME Sarah Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Marine Hospital Records - Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Post. Autopsy *thereon and from* Autopsy, Inspection or Inquiry *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	M.D.	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR ☐	23C. DATE SIGNED
Emil Ross			5 June 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial		Lawn Cemetery	Cambridge Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1949

25. FUNERAL DIRECTOR ADDRESS John D. Mitchell Sons 1908 Eutaw St.

83a

VS 151

correct age is especially important. Physicians, please

G75069 BALTIMORE CITY HEALTH DEPARTMENT G75069

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maggie Brittingham

2. DATE OF DEATH 6-2-49

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1128 Warner St.

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 1128 Warner St

5. SEX Female | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Mar. 6 | 9. AGE (In years last birthday) 61 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Accomac Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Parker | 14. MOTHER'S MAIDEN NAME Jannie West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No. | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT Eulah Davenport | ADDRESS 1128 Warner St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory failure

DUE TO

(B) Arteriosclerotic cardio vascular renal disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17 to June 2, 1949 that I last saw the deceased alive on June 1 1949 and that death occurred at 11.30 P. m., from the causes and on the date stated above.

23A. SIGNATURE C. Shorofsky M.D. M.D. | 23B. ADDRESS 601 N. Monroe St | 23C. DATE SIGNED 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24B. DATE 6-7-49 | 24C. NAME OF CEMETERY OR CREMATORY Keller | 24D. LOCATION (City, town, or county) (State) Keller Va.

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR Mrs Katie R Williams & Sons | ADDRESS 322 N

VS 150

131a

G75070 BALTIMORE CITY HEALTH DEPARTMENT G75070

BIRTH NO. CERTIFICATE OF DEATH Registered No.

1. NAME OF DECEASED (Type or Print) Christine Lewis Myers — 2. DATE OF DEATH June 6 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 945 W. Fayette St.

C. Length of stay in Baltimore — Yrs. Mos. Days

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D. STREET ADDRESS (If rural, give location) 945 W. Fayette St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
Female	Col.	Married	Oct. 10. 1892	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wilmington N.C.	U.S.A.

13. FATHER'S NAME Isaac Spicer — 14. MOTHER'S MAIDEN NAME Harriett ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No.		

17. INFORMANT Rosa Brickers — ADDRESS 5 S. Schroeder St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH Many months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2 1948 to June 1 1949, that I last saw the deceased alive on June 1 1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
R. Gordon Schnull M.D.	1534 Druid Hill Ave.	June 4. 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-6-49	Mt. Auburn	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Thomas for Williams, M.D.	Mrs Katie R. Williams	322 N Schroeder

48B

M.1 129274

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 900.0

G750.1

Registered No.

1. NAME OF DECEASED (Type or Print) Samuel Hardester

N-804.0

2. DATE OF DEATH June 3, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 2207 E. Chase ST. Z 13

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
M	White	Married	Dec. 2, 1892	56 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10B. KIND OF BUSINESS OR INDUSTRY Rubber Factory

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christopher C. Hardester.

14. MOTHER'S MAIDEN NAME Emma Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-24-4747

17. INFORMANT B.C.H. Records 4940 Eastren Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Basilar Skull fracture

DUE TO

(B) Multiple fractured ribs with hemothorax

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized Arteriosclerotic Cardio-vascular Disease with Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

H. H. Merrill M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2207 E. Chase St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-28-49 m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Fell down stairs

22. *I hereby certify that I attended the deceased from* May 28, 19 49 *to* June 3, 19 49 *that I last saw the deceased alive on* June 3 19 49 *and that death occurred at* 6.55P m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.

23B. ADDRESS B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED June 3, 49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6-7-49

24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery Dulaney Ave. Baltimore Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1949

REGISTRAR'S SIGNATURE [signature] Washington Williams, M.D.

25. FUNERAL DIRECTOR [signature]

ADDRESS [illegible]

VS 150

To be approved by Medical Examiner

186a

G750'72 Heyden Reich ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443

Registered No. G750'72

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Gwynns Falls Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78-2-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 3413 Gwynns Falls Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara S. Heydenreich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Heydenreich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 - 1871

8. AGE: Years 78 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Noble B Woodall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara V Williams
15. Birthplace Baltimore Md.

16 (a) Informant Jean Campey
(b) Address 3413 Gwynns Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/49 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 6 - 1949 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1949, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1949, to June 5 1949, and that I last saw her alive on June 5 1949.

Immediate cause of death — Duration

Due to Cardio-vascular disease & hypertension — ?

Due to Cerebral arteriosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Charles L Warner
Address 3317 Edgerton Rd Date signed 6/6/49

92D

G75073 ✓ G75073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 47 2' Registered No.

1. NAME OF DECEASED (Type or Print) Mary Ann Espey

2. DATE OF DEATH 6/4/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 9 N Ellwood

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) A. STATE 9 N Ellwood Ave B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 6 01

D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	WIDOWED	3/14/1864	85	2 / 20	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Home	Baltimore Md	

13. FATHER'S NAME David Leyshon

14. MOTHER'S MAIDEN NAME Ann Leyshon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Clarence Espey	ADDRESS 2508 Evergreen Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 5 days

DUE TO

(B) Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-1-48, 19 *to* 6/4/49, *that I last saw the deceased alive on* 6/3/49, *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
F N Herrmann M.D.	1710 E 33rd St	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	Mt Carmel Cem	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 - 1949	Huntington Williams, M.D.	Charles C. Towell	2427 E. Monument St

VS 150

93D

G75074

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75074

Registered No.

1. NAME OF DECEASED (Type or Print): Stanley Cranford (CRMW)

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: A. A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linthicum Hights
D. STREET ADDRESS (If rural, give location): (emw) River Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	Married	July 10, 1896	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender	Southern Hotel	Maryland	USA

13. FATHER'S NAME: George Cranford

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W.W. I	216-10-5819	Mrs. Annie J. Cranford	River Rd. Linthicum Hts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Carl L Rogers M D

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: June 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 7, 1949	New Cathedral	BALTO, MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: HARRY H. WITZKE, 4101 Edmondson Ave.

94a

VS 151

Correct age is important

75075 ✓ E 822.4 75075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 75075

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT KREIDER N-805.0

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

c. Length of stay in Baltimore: few min. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glen Burnie
D. STREET ADDRESS (If rural, give location): 101 M Street, S. E.

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 18, 1926
9. AGE (In years last birthday): 23
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Charles H. Kreider
14. MOTHER'S MAIDEN NAME: Mary M. Bollman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes World War II
16. SOCIAL SECURITY NO: 220-18-8108
17. INFORMANT: Charles H. Kreider ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture dislocation of Cervical Spine
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] ~~CAUSE OF~~ DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Old Annapolis Rd., south of Glen Burnie
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): June 5, 1949 4:30A m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?: Car overturned (passenger)

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: [signature] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 8,'49
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Memo. Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR: June 6,'49
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Thos. [illegible] Singleton ADDRESS: Glen Burnie, Md

VS 151

170-C ✓

G75076 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75076 — Registered No.

1. NAME OF DECEASED (Type or Print): JOHN L. KREUTZBERG

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1023 W. Boyd Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
male	white	single

8. DATE OF BIRTH: 9/9/1899
9. AGE (In years last birthday): 50 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John L. Kreutzberg
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Katherine E. Hartel ADDRESS: 1023 Boyd St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Syphilitic aortitis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: George S. Merrill M D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/9/49
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Ave & Longwood St.

DATE RECEIVED BY LOCAL REGISTRAR: Jun 6 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 901 Pulaski St

20D

G750'77

G750'77

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 16 3

1. NAME OF DECEASED (Type or Print): William A. Leonard Sr.

2. DATE OF DEATH: 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 19 N. Payson St.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 19 N. Payson St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	Married	1/7/1876	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Elevator Operator	Madison Apts	Baltimore	U S A

13. FATHER'S NAME: Michael Leonard

14. MOTHER'S MAIDEN NAME: Ann Tully

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
✓	✓	Mrs Blanche M Leonard	19 N. Payson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of left bronchus — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1949 *to* June 5, 1949 *that I last saw the deceased alive on* June 5, 1949, *and that death occurred at* Noon *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J M Collins M. D.	2321 Frederick Ave	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/9/49	New Cathedral Cem.	4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Huntington Williams, M.D.	John J. Govan & Son	29 Hollins St.

VS 150

47c

G75078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75078
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERMAN LOSCH

2. DATE OF DEATH: JUNE 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 MT. OLIVET LANE
C. Length of stay in Baltimore: 55 Yrs. Mos. Days.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20 16
D. STREET ADDRESS (If rural, give location): 310 MT. OLIVET LANE

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 10, 1888
9. AGE (In years last birthday): 61
If Under 1 Year: Months 3, Days 26
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SOLDERER
10B. KIND OF BUSINESS OR INDUSTRY: PITTSBURGH PAINT CO
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: KARL LOSCH
14. MOTHER'S MAIDEN NAME: HENRIETTA HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 213-05-2970
17. INFORMANT: ANNIE LOSCH
ADDRESS: 310 MT. OLIVET LANE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO
(B)
DUE TO
(C) Chronic Adrenal Insufficiency.
Tuberculous Enteritis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1944 to June 5, 1949 that I last saw the deceased alive on May 31, 19 49 and that death occurred at 4:00 pm., from the causes and on the date stated above.

23A. SIGNATURE: J.M. Collins M.D.
23B. ADDRESS: 3321 Frederick Ave
23C. DATE SIGNED: 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 6-8-49
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: GEORGE L. SCHWAB
ADDRESS: 2101 FREDERICK AVE

15

Burns ✓

BALTIMORE CITY HEALTH DEPARTMENT 43 G75079
CERTIFICATE OF DEATH Registered No.

BIRTH NO G75079

1. NAME OF DECEASED (Type or Print) Kathleen BURNS — 2. DATE OF DEATH 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
c. Length of stay in Baltimore 15 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md — B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 4204 McKraven Blvd

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
F	W	Single	Dec 1/1881	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Sales Lady		New York City	USA

13. FATHER'S NAME Joseph BURNS
14 MOTHER'S MAIDEN NAME MARGARET O'CONNOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
		Mrs Margaret Glover Northwood Apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Hypertensive Cardiosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING T

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 21, 1949 to June 5, 1949 that I last saw the deceased alive on June 5, 1949 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C DATE SIGNED
Joseph L. Aponte M. D.	Mercy Hospital	6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 7 1949	Loudon Park	Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Washington Williams, MD	John C Myers	3000 E Balto St

92D

G75080

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75080

Registered No.

1. NAME OF DECEASED (Type or Print): John H Willhelm

2. DATE OF DEATH: June 4 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland: Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 313 E Lake Ave

c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
COUNTY: 313 E Lake Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 313 E Lake Ave

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widow	Oct 20 1871	77 78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher Retired		Baltimore Md.	USA

13. FATHER'S NAME: Wm P. Willhelm

14. MOTHER'S MAIDEN NAME: Rebecca Feldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — Interval between onset and death: 10 Minutes
DUE TO: Hypertensive-cardio-vascular disease — 4 YRS
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Carcinoma of left breast

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
None. Radium used		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 1948 to June 4, 1949 that I last saw the deceased alive on June 4, 1949 and that death occurred at 2 50 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Lloyd E. Taylor M.D.	3902 Greenmount Ave	June 4 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 7 1949	Parkhill Cemetery	Baltimore Co Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
JUN 6 1949	Washington Williams, M.D.	John C. Malan	3000 E Baltimore St

50

G75081

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75081

1. NAME OF DECEASED (Type or Print): Mariano Restivo

2. DATE OF DEATH: 6/4/49 1:15 P.M.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 W. Biddle st

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 310 W. Biddle st. 11-04

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 11/2/1873
9. AGE (In years last birthday): 75 — If under 1 year: Months 7, Days 2 — If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer
10B. KIND OF BUSINESS OR INDUSTRY: Fruit
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Restivo
14. MOTHER'S MAIDEN NAME: Theresa (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lena Restivo ADDRESS: 310 W. Biddle st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myelogenous Leukemia.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 8 wks?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6 *, 1949 to* June 4 *, 1949 that I last saw the deceased alive* June 4 *, 1949, and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. C. Vandelwyl M.D.
23B. ADDRESS: 818 Edmondson
23C. DATE SIGNED: 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/7/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul st.

VS 150

74a

75082 S-75082 443 S-75082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fred. C. Gischel

2 DATE OF DEATH 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY A. A. Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
D. STREET ADDRESS (If rural, give location) Brooklyn Rd 9

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own	MARYLAND	USA

13. FATHER'S NAME Jno. Henry Gischel

14. MOTHER'S MAIDEN NAME Catherine Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Mr August Gischel ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

DUE TO

(B) Hypertensive CV disease

DUE TO

(C)

CERTIFICATION APPROVED BY
G.G. Merrill M.D.
CHIEF OR ASST. MEDICAL EXAMINER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from June 5, 1949 to June 6, 1949 that I last saw the deceased alive June 6, 1949 and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph L. Cronte M.D.	Mercy Hospital	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/9/49	Cedar Hill Cem.	Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/7/49	Huntington Williams, MD	John J. Denny Inc.	710 Light St.

VS 150

93-D.

G75083 450.0 ✓ G75083

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN W. LEWIS

2. DATE OF DEATH: 6-4-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1020 LIGHT ST.
c. Length of stay in Baltimore: 35 YEARS (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1020 LIGHT ST -30

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	MARRIED.	4-25-1872	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	UNEMPLOYED.	PENNSYLVANIA	

13. FATHER'S NAME: BENJAMIN LEWIS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		EDWARD WM. LEWIS	1020 LIGHT ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Chronic Endocarditis	6 mos.
DUE TO	-Arterio Sclerosis.	1 yr.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2 1948 *to* 6/7/49, 19__, *that I last saw the deceased alive on* 6/3, 1949, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	1274 William St	6/4/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-7-49	GLEN HAVEN	RITCHIE HIGHWAY MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 - 1949	Huntington Williams, M.D.	JOHN F. DENNY, INC.	715 LIGHT ST. -30

VS 150

929

75084 ✓260 G75084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO Registered No.

1. NAME OF DECEASED (Type or Print) VICTOR GOFANOWITZ

2. DATE OF DEATH 6-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 JACKSON PLACE

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN Balto (If outside corporate limits, write LITRAL and give township)
D. STREET ADDRESS (If rural, give location) 114 Jackson Place

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

9. AGE (In years last birthday) 62 If under 1 year: Months Days If under 24 hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Katie Gofanowitz - 114 Jackson Pl ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterio-Sclerotic Cardio-Renal Disease DUE TO — INTERVAL BETWEEN ONSET AND DEATH 2 yrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Diabetes Mellitus DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (Specify)

21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from January 5 1948 to June 6 1949 that I last saw the deceased alive on June 5 1949 and that death occurred at 6.45 a.m. from the causes and on the date stated above.

23A. SIGNATURE Joseph Sandler M.D.

23B. ADDRESS 2348 Eutaw Place

23C. DATE SIGNED June 6 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/7/49

24C. NAME OF CEMETERY OR CREMATORY Moredale

24D. LOCATION (City, town, or county) Phila. Rd. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1949

REGISTRAR'S SIGNATURE Washington Williams, M.D.

25. FUNERAL DIRECTOR Jack Levin Inc ADDRESS 2400 Eutaw Pl

VS 150

61

Official Business Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75085

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Berman	2. DATE OF DEATH: 6-6-49
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI HOSPITAL c. Length of stay in Baltimore: Yrs. Mos. Days	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 2835 BOARMAN AVE C. CITY OR TOWN (If outside corporate limits, write N. R.) and give township): BALTIMORE D. STREET ADDRESS (If rural, give location): 2835 BOARMAN AVE
5. SEX: M	6. COLOR or RACE: W
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): M	8. DATE OF BIRTH: — 1904
9. AGE (In years last birthday): 45	If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCH MAKER	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): LONDON, ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DAVID BERMAN	14. MOTHER'S MAIDEN NAME: BEYLA —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-18-3625
17. INFORMANT: EVA BERMAN	ADDRESS: 2835 BOARMAN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary edema	
	DUE TO (B) Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	DUE TO	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

CERTIFICATION APPROVED BY
for: C. J. Lubinski, M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory street office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible] dead on arrived 19 , that I last saw the deceased alive on 6-6, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

23A. SIGNATURE: Krame Baker M.D.	23B. ADDRESS: Sinai Hosp	23C. DATE SIGNED: 6-6-49
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial	24B. DATE: 6/7/49	24C. NAME OF CEMETERY OR CREMATORY: Herring Run
24D. LOCATION (City, town or county) (State): Phil Rd. Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949	REGISTRAR'S SIGNATURE: Huntington Williams, M.D.	25. FUNERAL DIRECTOR: Jos. Levi Sons - 2100 Eutaw Pl.
ADDRESS		

VS 150

937

75086
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

G75086
Registered No.

1. NAME OF DECEASED (Type or Print): Jones, George Thomas

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine Hospital
c. Length of stay in Baltimore: unk (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1914 N. Castle St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	White	Married	Nov 18, 1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unk		Md.	U.S.

13. FATHER'S NAME: Harry Jones

14. MOTHER'S MAIDEN NAME: Jennie Bacon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW I	unk	-	-

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemmorhage	3 wks.
DUE TO (B)	Hypertension	unk
DUE TO (C)	Arteriosclerosis	unk
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
-	-	-

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
- m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	-

22. *I hereby certify that I attended the deceased from* 5-31, 1949 *to* 6-4, 1949, *that I last saw the deceased alive on* 6-4, 1949, *and that death occurred at* 9:47 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M.D.	U.S. Marine Hospital	6-6 '49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 8 1949	Balto. National	Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
JUN 7 - 1949	Huntington Williams, M.D.	Leo Cook Funeral Home, Balto., Md. 1701-03 N. Patterson Park Ave

VS 150

83a

GM. 129302
75087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Sup. 1

G75087
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Bailey

2. DATE OF DEATH: 6- 4- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 27 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2023 Gibbins Ave. 27-06

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 22- 1903
9. AGE (In years last birthday): 45 (If under 1 Year: Months / Days; If under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Harriet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records — ADDRESS: B.C.H. 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		(INTERVAL BETWEEN ONSET AND DEATH)
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Myocardial Infarction	4 Days
DUE TO (B)	Hypertensive Cardiovascular Disease	2 Yrs. Plus
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Diabetes Mellitus	1 Yr. Plus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 30 - 1949 *to* 6- 4- 1949 *that I last saw the deceased alive on* 6- 4- 1949 *and that death occurred at* 9.30 P. *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 6- 5- 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-8-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, Town, or County) (State): Edgar Road Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Robert Lee Halstead
ADDRESS: Brookville Md.

VS 150

61

75088

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153

G75088
Registered No.

1. NAME OF DECEASED (Type or Print): William Bowen LANE

2. DATE OF DEATH: 6-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital.

C. Length of stay in Baltimore: ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 12
D. STREET ADDRESS (If rural, give location): 4710 Ilernwood Avenue 27-11

5. SEX: Male
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/29/66
9. AGE (In years last birthday): 83 yrs. | If Under 1 Year: Months 7 Days 8 | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Penn. R.R.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lane
14. MOTHER'S MAIDEN NAME: Sarah Cohee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Record ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized abdominal carcinomatosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B) Carcinoma of the splenic flexure colon
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of colon, peritoneum, liver
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-1949, to 6-6, 1949, that I last saw the deceased alive on 6-5, 1949, and that death occurred at 2:15 a m., from the causes and on the date stated above.

23A. SIGNATURE: J. Joseph Krajci M. D.
23B. ADDRESS: 1401 N. Caroline St.
23C. DATE SIGNED: 6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 8 1949
24C. NAME OF CEMETERY OR CREMATORY: Presbyterian
24D. LOCATION (City, town, or county) (State): Churchville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7-1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Henry M. Jenkins Sons ADDRESS: 3490 Yorkrd

VS 150

46E

75089

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75089

1. NAME OF DECEASED (Type or Print): John - Frank - Schmidt

2. DATE OF DEATH: 6/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5009 Emble Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location): 5009 Emble Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 1 Hour: Hours, Min.
M	Wh.	Married	11-10-1891	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Baltimore - Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Schmidt	Caroline Walter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Nina P. Schmidt	[illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
C. P. Salmon M.D.	☐	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	7 June 49	Cedar Hill	Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 - 1949	Huntington Williams, M.D.	J. B. Heppard & Son	800 Eutaw St

VS 151

94a

75090
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75090
Registered No.

1. NAME OF DECEASED (Type or Print): Anna L.Mas.

2. DATE OF DEATH: June 5,1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
2316 Aiken St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2316 Aiken St.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore Grneral

c. Length of stay in Baltimore: Yrs. 9 Mos. 5 Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
female	white	widowed	Feb.2,1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Semstress	Bud Cloak Co.	Wash.Co.Md.	

13. FATHER'S NAME: Louis Selby

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	217-03-5419	Joseph Henry	1249 Glyndon Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebellar encephalomalacia
DUE TO
Cerebral sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) Coronary sclerosis - aortic valve calcification. Intra-auricular dyst
DUE TO
Arteriosclerosis - aort

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS	20. AUTOPSY?
		YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5-31 1949 to 6-5 1949, *that I last saw the deceased alive on* 6-5 1949 *and that death occurred at* 11 35 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Leonard Teicher M.D.	West Baltimore Gen'l Hosp	June 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, county) (State)
Burial	6/9/49	Moreland Mem.Pk.	Taylor Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	Washington Williams, M.D.	Clarence F.Hoffmann	1639 Broadway.

VS 150

937

75091 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

670.6 Registered No. G75091

1. NAME OF DECEASED (Type or Print): IDA VAUGHTER WRIGHT

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk 22
D STREET ADDRESS (If rural, give location): 113 Carver Road

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: September 10, '08
9. AGE (In years last birthday): 40
If under 1 Year: Months Days
If under 1 Hour: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Appomattox, Virginia
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Henry Vaughter
14 MOTHER'S MAIDEN NAME: Mattie Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17 INFORMANT: Junius B. Wright
ADDRESS: 113 Carver Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Shock, Uterine Hemorrhage
DUE TO
(B) Premature separation of placenta
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22 *I certify that I took charge of the remains described above, held an* Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, per: H. A. Merrill M.D
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C DATE SIGNED: June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: June 7, 1949
24C. NAME OF CEMETERY OR CREMATORY:
24D LOCATION (City, town, or county) (State): Appromatax County, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS: Mrs. Robt. A. Elliott & Daughter, 1129 N. Caroline St.

VS 151

1466

75092

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

422.1 G75092 Registered No.

1. NAME OF DECEASED (Type or Print): Earl E. Ausherman

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 402 8 N. Pearl St.

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 7/23/1892
9. AGE (In years last birthday): 56
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Jennie Ausherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: John R Davis M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: June 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-9-49
24C. NAME OF CEMETERY OR CREMATORY: Middletown Reformed
24D. LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D
25. FUNERAL DIRECTOR: M.R. Etchison & Son
ADDRESS: Frederick, Md.

VS 151

93D

V260

75093
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75093

1. NAME OF DECEASED (Type or Print): OTHO CLARENCE BELL

2. DATE OF DEATH: June 6 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3565 4th Street

C. Length of stay in Baltimore: 48 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3565 4th Street

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M	W	M	Sept. 12-1886	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER		VA	

13. FATHER'S NAME: ROBERT BELL

14. MOTHER'S MAIDEN NAME: FANNIE HOUSTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		216-12-2199	Bertha M Bell	3565 4th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos.
DUE TO
(B) Hypertensive - Cardio - Vascular — ?
DUE TO
(C) Diabetes Mellitus — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/4 *, 19*49 *to* 6/5 *, 19*49 *, that I last saw the deceased alive on* 6/4 *, 19*49 *, and that death occurred at* 5A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul Leibrun M. D.	320 Cathedral Ave	6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-8-1949	Cedar Hill	Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949 VS 1949	Huntington Williams, M.D.	L. Howard Strong	3207 W. North Ave.

61

75094
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G75094
Registered No.

1. NAME OF DECEASED (Type or Print) MOSES WILLIAM DAVIS

2. DATE OF DEATH June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wyman Pk. Drive & 31st St.

c. Length of stay in Baltimore ? Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1726 Jackson St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If under 24 Hours: Hours, Min.
M	W	Sep.	9/8/95	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Messman	Seafarer	Green Co. Va.	USA

13. FATHER'S NAME: Jack Davis

14. MOTHER'S MAIDEN NAME: Julia Lawson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown		578-05-9345	Records- US Marine Hospital, Balto, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Carcinoma of larynx	2 yrs.
	DUE TO		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)		
	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Nov. 4, 1948, *to* June 5, 1949, *that I last saw the deceased alive on* June 5, 1949 *and that death occurred at* 6:05A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John L. Wilson M. D.	US Marine Hospital, Balto. Md.	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	St Peters	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 - 1949	Huntington Williams, M.D.	Emil B. Wolfenden	933 E. 25th St.

VS 150

47a

✓ X

G75095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 / Registered No.

75095 BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charlotte Ann Stoner

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or location): 1211 3 W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY Frederick. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocky Ridge. D. STREET ADDRESS (If rural, give location)

5. FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 3 Days (The More)

6. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	6-6-13	36 yrs		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At School

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): —

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leon Stoner

14. MOTHER'S MAIDEN NAME: Kathryn Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: No

17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Lipoid nephrosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4-8-, 1949 *to* 6-6-, 1949 *that I last saw the deceased alive on* 6-6-, 1949 *and that death occurred at* — ?m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Ryan M. D. | 23B. ADDRESS: JOHNS HOPKINS HOSPITAL | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: Jun. 9-49 | 24C. NAME OF CEMETERY OR CREMATORY: Church of Brethren | 24D. LOCATION (City, town, or county) (State): Rocky Ridge Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. | 25. FUNERAL DIRECTOR: M. L. Eregar | ADDRESS: Lehmont Md

VS 150

1316

CH. 129406

75096
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75096
Registered No.

1. NAME OF DECEASED (Type or Print): Melvin Howard

2. DATE OF DEATH: 6- 4- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 603 W. Mulberry ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Negro	Single	Sept. 22- 1916	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Howard (D)
14. MOTHER'S MAIDEN NAME: Ola Candle (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C.H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ Yrs.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6- 4- *, 1949, to* 6- 4- *, 1949, that I last saw the deceased alive on* 6- 4- *, 1949, and that death occurred at* 1.50 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Rogers M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 6- 5- 49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-9-49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Cedar Hill Md.

DATE RECEIVED BY REGISTRAR: JUN 7 1949
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Robt. Arbutus
ADDRESS: 718 Bush Hill

VS 150

To be signed by the chief medical examiner.

OVER

130

G75097 G75097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): William Thompson

2. DATE OF DEATH: June 2, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1401 Argyle Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 1401 Argyle Ave.

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: July 19 1870 | 9. AGE (If under 1 year, months; if under 24 hours, hours or min.): 78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Kent Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thompson

13a. MOTHER'S MAIDEN NAME: Martha Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 214-22-1131A

17. INFORMANT: Mrs Annie T. Thompson ADDRESS 1401 Argyle Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerotic Cardio-Renal

DUE TO

(C) Cancer. — 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1949 *to* 6/2, 1949 *that I last saw the deceased alive on* 6/2, 1949, *and that death occurred at* 11:40 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D. | 23B. ADDRESS 606 N Wilmot | 23C. DATE SIGNED 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE June 7 1949 | 24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn | 24D. LOCATION (City, town or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 1949 | REGISTRAR'S SIGNATURE: Hunter for Williams, M.D. | 25. FUNERAL DIRECTOR: Holland Funeral Home | ADDRESS: 1631 Druid Hill Ave.

VS 150

1314

75098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75098 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Glantz

2. DATE OF DEATH: 6/4/49 5:45 P.M.

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2002 Kennedy Ave 4 08

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2002 Kennedy Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	10/3/1860	88	8 / 1	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: Sch
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John C. Yost
14. MOTHER'S MAIDEN NAME: Katherine Trumbo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Minnie M. Glantz ADDRESS: 2002 Kennedy Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerotic Endocarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1945 *to* June 4, 1949, *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel B Wolfe M. D.
23B. ADDRESS: 133 W Northline
23C. DATE SIGNED: 6.6.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/8/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Carville Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Hunter for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 217 E. Fayette St.

VS 150

93D

1-60

G75099
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75099
Registered No.

1. NAME OF DECEASED (Type or Print): KATHERINE C. SIEGMUND
2. DATE OF DEATH: 6/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3017 Weaver Ave
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 7-0
D. STREET ADDRESS (If rural, give location): 3017 Weaver Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/14/1871
9. AGE (In years last birthday): 77 — If under 1 Year: Months 6, Days 22 — If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Luft
14. MOTHER'S MAIDEN NAME: Catherine Rabe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
SOCIAL SECURITY NO.:
17. INFORMANT: E. Henry Siegmund — ADDRESS: 3017 Weaver Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 6/6/49
DUE TO
(B) DIABETES MELLITUS — 1939
DUE TO
Arteriosclerosis Generalized — yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from June 1949 to June 6, 1949, that I last saw the deceased alive on 6/6, 1949, and that death occurred at 4:20 P m., from the causes and on the date stated above.

23A. SIGNATURE: Walter E. Hodgson M. D.
23B. ADDRESS: 4331 Harford Rd
23C. DATE SIGNED: 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/9/49
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Parkville

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

61

75100

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75100
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN H LURZ

2. DATE OF DEATH 6/7/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 27 - 05

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore Yrs. Mos. Days Life

D. STREET ADDRESS (If rural, give location) 6532 Rosemont Ave #6

5. SEX M | 6. COLOR or RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH Dec. 31 1881 | 9. AGE (In years last birthday) 67 | If under 1 Year: Months Days | If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Balto.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis Lurz

14. MOTHER'S MAIDEN NAME Minnie Schutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Hilda Selig ADDRESS 5345 Benton Hts Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B) Generalized arteriosclerosis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: weeks

19A. DATE OF OPERATION None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/11 *19*49 *to* 6/7 *19*49, *that I last saw the deceased alive on* 6/7 *19*49, *and that death occurred at* 4:40 *m. from the causes and on the date stated above.*

23A. SIGNATURE Robert E. Eason M.D. | 23B. ADDRESS Mercy Hospital | 23C. DATE SIGNED 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE June 9-49 | 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer | 24D. LOCATION (City, town, or county) (State) 4600 Belair Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1949 | REGISTRAR'S SIGNATURE Thurlington for Williams, M.D. | 25. FUNERAL DIRECTOR Rippel Bros | ADDRESS 7110 Belair Rd

VS 150

94a

5101
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G7514

1. NAME OF DECEASED (Type or Print): Joseph Talbott
2. DATE OF DEATH: 6-3-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 Stockton St.
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17
D STREET ADDRESS (If rural, give location): 1101 Stockton St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Married	April 18 1881	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Floor helper	Flower	Baltimore Md	U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No		none	Mrs Florence Talbott	1101 Stockton St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage
DUE TO
(B) Myocarditis, hypertension + hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: Oneday / Over a year

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20, 1949, *to* 6-3, 1949, *that I last saw the deceased alive on* 6-3, 1949, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frank A. Saunders M. D.	129 N. Stricker St.	6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/7/49	Mt Auburn	Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	Huntington Williams, M.D.	Geo. C. Kelson	1303 Presstman St.

VS 150

121a

75102

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 75102

1. NAME OF DECEASED (Type or Print): Walter Johnson

2. DATE OF DEATH: 6/4/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Sq. Hosp.
C. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 1617 N. Calhoun St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 12/?/ 1891
9. AGE (In years last birthday): 57 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bailey Johnson
14. MOTHER'S MAIDEN NAME: Cora Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Laurena Harris ADDRESS: 1617 N. Calhoun

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial degeneration
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Chas. Long M.D.
23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C DATE SIGNED: 6/5/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/8/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS: Geo. W. Kelson 1303 Pennsylvania St.

VS 151

92D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO G75103 Registered No. G75103

1. NAME OF DECEASED (Type or Print): Joseph Milyski

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 1102 S. East ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital

C. Length of stay in Baltimore: 35 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1102 S. East Ave. 26 11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 7 1899
9. AGE (In years last birthday): 50 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Mrs. Josephine Nowoiejski ADDRESS:

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Dorr M.D.
23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR
23C. DATE SIGNED: June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 8-1949
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Dundalk Ave
ADDRESS

DATE RECEIVED BY REGISTRAR: JUN 7 - 1949
REGISTRAR'S SIGNATURE: Clayton Williams, MD
25. FUNERAL DIRECTOR: John J Dude 2829 Hudson St. Balto. Md.

VS 151

93D

G75104 — 59 G75104

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Minnie J. Streckfus — 2. DATE OF DEATH: 6/5/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1528 Henry St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — B. COUNTY
1528 Henry St.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24
D. STREET ADDRESS (If rural, give location): 1528 Henry St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	W.	Married	3/4/1893	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Bethlehem Co.	Baltimore	U.S.A.

13. FATHER'S NAME: John J. Streckfus
14. MOTHER'S MAIDEN NAME: Susannah Merriner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
Yes	War I		Mrs. H. J. Streckfus	

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO
(B) General Anasarca — 2 mos.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Dec 2, 1948, to 6/5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 2A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] M. D.	1279 Hillsdale Ave.	6/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/8/49	Loudon Park	3300 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	[signature] Registrar, Vital Statistics	J. J. Doley & Sons	1318 Eutaw Pl

1318

BIRTH NO. G75105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

290 D

Registered No. G75105

1. NAME OF DECEASED (Type or Print): Nellie A. Kane

2. DATE OF DEATH: June 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1109 Montpelier St

C. Length of stay in Baltimore: Yrs. Whole Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Baltimore B. COUNTY Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md.
D. STREET ADDRESS (If rural, give location) 1109 Montpelier St

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify): Widow
8. DATE OF BIRTH: Aug 15 1869
9. AGE (In years last birthday): 79. If under 1 Year: Months Days. If under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Chadwick
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Catharine A Burst ADDRESS: 1109 Montpelier St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

DUE TO

(B) Hypertension — 6 mos

DUE TO

(C) Senilis Cerebria — 9 Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1/ 1949 *to* 6/5/ 1949 *that I last saw the deceased alive on* 6/5/ 1949 *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas White M. D.
23B. ADDRESS: 3709 Greenmount Ave
23C. DATE SIGNED: 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 8 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Old Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 1949
REGISTRAR'S SIGNATURE: Lentington Williams, M.D.
25. FUNERAL DIRECTOR: John C Moran ADDRESS: 3000 E Baltimore St

VS 150

93E

G75106

JL - 126970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75106

Registered No.

1. NAME OF DECEASED (Type or Print) **Lester Sampson**

2. DATE OF DEATH **6-4-49**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baltimore City Hospitals 4940 Eastern Ave.**

C. Length of stay in Baltimore **10 yrs.** (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE **Md.**
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **1142 Russell St.-30**

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	**Negro**	**Married**	**Sept. 1, 1916**	**32**		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Ga.	

13. FATHER'S NAME **Jufs Sampson**

14. MOTHER'S MAIDEN NAME **Ella Curry**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		B. C. H. Records, 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Tuberculous Meningitis** — INTERVAL BETWEEN ONSET AND DEATH: **4 mos.**
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Bronchopneumonia** — **5 days**

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES **Yes** NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* **2-18-49**, 19__, *to* **June 4**, 19**49**, *that I last saw the deceased alive on* **June 4**, 19**49**, *and that death occurred at* **12 noon** *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
G. S. Dozier M. D.	**4940 Eastern Ave.**	**6-4-49**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	**6/9/49**	**Mt Calvary Cem**	**B. C. Co., Md**

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 19[illegible]	[illegible]	**D. T. Brown & Son**	**108 W Montgomery St**

14

G75107

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75107 Registered No.

1. NAME OF DECEASED (Type or Print) William R. Garner

2 DATE OF DEATH June 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jenkins Memorial Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Washington, D.C. B COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2717 Quarry Road, N.W.
D STREET ADDRESS (If rural, give location)

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months, Days	If Under 24 Hours Hours, Min.
Male	White	WIDOWED	Nov. 1, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Charles County, Maryland	

13. FATHER'S NAME: William R. Garner

14 MOTHER'S MAIDEN NAME: Mary G. Wilkenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO
(B) Hypertension Cardio-Vasc. Renal Dis
DUE TO
Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 5, 1948 *to* June 7, 1949 *that I last saw the deceased alive on* June 5, 19 49 *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Chas. O. Carr Jr. M.D.	St Agnes Hosp.	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Removal	June 7, 1949		Washington, D.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 7 - 1949	Washington Williams, M.D.	James T. Ryan, Jr.	Wash., DC

VS 150

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G75108 ✓ G75108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 31

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM H. CARDWELL

2. DATE OF DEATH: 6/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 651 Bartlett Avenue
c. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 651 Bartlett Avenue 9 5

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1884
9. AGE (In years last birthday) / If under 1 year: Months, Days / If under 24 hours: Hours, Min.: 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signalman
10B. KIND OF BUSINESS OR INDUSTRY: Penn. RR
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jackson Cardwell
14. MOTHER'S MAIDEN NAME: Martha Meazell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Mrs. Catherine Cardwell 651 Bartlett Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	1 hour
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Hypertension	?
DUE TO	—	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT (C)	—	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15, 1949, to 6-6, 1949 *that I last saw the deceased alive on* 6-3, 1949, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: O. O. Flynn M.D.
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: 6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: WIEDEFELD & SON
ADDRESS: GREENMOUNT AVE & 22ND

83a

75109 ✓ 42001 G75109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No. G 75109

1. NAME OF DECEASED (Type or Print): ELEONOR KUREK

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 3418 Ramona Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore 26-03
D. STREET ADDRESS (If rural, give location): 3418 Ramona Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Female	White	Widow	March 15, 1871	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Poland	—

13. FATHER'S NAME: Carl Studzinski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	—	—	Joseph Kurek,	3418 Ramona Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Occlusion
DUE TO
(B) Generalized Arteriosclerosis
DUE TO Hypertensive C. V. D.
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* May 5, 1949 *to* June 6, 1949 *that I last saw the deceased alive on* June 3, 1949 *and that death occurred at* 3:00 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Peter J. Polak M.D.	4200 Fieldcrest	July 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9, 1949	Holy Rosary Cem.	—

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	Tuttle Williams M.D.	John L. Weber,	401 S. Chester St.

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

G75110

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. GEORGE WALTMAN

2. DATE OF DEATH 6-6-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B COUNTY Harford
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joppa
D STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	married	3-18-1879	70	2 19	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		Maryland	U.S. of A.

13. FATHER'S NAME John Wal...

14. MOTHER'S MAIDEN NAME Ann... Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

(B) Carcinoma of Rectum

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 1948	Carcinoma of Rectum	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 4-21 *, 19*49 *to* 6-6 *, 19*49*, that I last saw the deceased alive on* 6-6 *, 19*49*, and that death occurred at* 5 to p *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James W. C. Finney M. D.	Union Memorial Hospital	6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9 1949	TRIN. LUTHERAN	JOPPA, MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6-1949	Huntington Williams, M.D.	H. K. McComas & Son	Abingdon, Md.

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46 D

BIRTH NO G75111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

'49 Registered No. G75111

1. NAME OF DECEASED (Type or Print): Edgar Newton

2. DATE OF DEATH: June 4-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 952 N. Eden St

C. Length of stay in Baltimore: Yrs. Life; Mos.; Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE; B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 952 N. Eden St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	Col.	Single	June 30-08	40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Musician		Baltimore Md	U.S.A.

13. FATHER'S NAME: Robert Newton

14. MOTHER'S MAIDEN NAME: Irene Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Moreal Newton	952 N. Eden St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: sub-acute combined spinal sclerosis

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17 '49 to 6/4 '49, that I last saw the deceased alive on 6-3, 1949, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] — ADDRESS: [illegible] EAST MADISON ST. BALTIMORE, MD. 15

23B. DATE SIGNED: 6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 7-1949	Arbutus Memorial Park	Arbutus Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7-1949

25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Beanty ave

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82

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E819.4 Registered No.

1. NAME OF DECEASED (Type or Print): Lillian Simpson N-809

2. DATE OF DEATH: June 4 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Md. B. COUNTY Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto City Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middle River

c. Length of stay in Baltimore — Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): Route 13 - Box 378 A

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Female	White	married	Dec. 3 - 1917	31	6	1		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Balto., Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm H. Kabrey	Francis Austerie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Lawrence Simpson	Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cervical Spine Dislocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Multiple Fractures

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ✓ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	street	Baltimore Co. Hollyneck Rd. 350 ft. south of Gillespie Rd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒	21F. HOW DID INJURY OCCUR?
June 4, 1949 2.30 P.M.			Auto ran off road and struck a tree

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	M.D.	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
Carl L. Enzer			June 5 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 8-49	Sacred Heart	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	Huntington Williams, M.D.	Wm P. Donnelly	748 Eastern Ave Balto 24, Md

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 G75113

BIRTH NO. | Registered No.

1. NAME OF DECEASED (Type or Print): Catherine Cirri

2. DATE OF DEATH: 6- 5- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: 36 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 941 N. Patterson P'rk Ave. 7-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March- 18- 1893
9. AGE (In years last birthday): 56 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home - Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? Antonio Ceraulo
14. MOTHER'S MAIDEN NAME: ? Francesca Rausa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 218-14-0791
17. INFORMANT: B.C.H. Records
ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	4 Days
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
DUE TO		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6- 1- , 1949, *to* 6- 5- , 1949 *that I last saw the deceased alive on* 6- 5- , 1949, *and that death occurred at* 5.00A m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogan M.D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 6- 5- 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 9. 1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Road

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 1949
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Kendall J. Keppel
ADDRESS: 3125 Highland Ave

83a

G75114 ✓ G75114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

434.3 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Karol Rymiewicz

2. DATE OF DEATH June 4. 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 27 N. Carey St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 27 N. Carey St. Good Samaritan Nursing Home

c. Length of stay in Baltimore 55 yrs. (Yrs. Mon. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City.
D. STREET ADDRESS (If rural, give location) 3318. E. Baltimore St. 26 10

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Male.	White.	Widower	Oct. 6. 1864	85 8G.	7 mo	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoe. Maker		Poland	

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		None	Gertrude B. Rymiewicz	3318 E. Baltimore St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Decompensation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 4 1949 *to* June 4 1949, *that I last saw the deceased alive on* June 4 1949, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C. DATE SIGNED
H. R. Johnson M. D.	403 Med Arts Bg	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial.	June. 7. 1949	Holy Rosary	Trappe Road.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 7 1949	Huntington Williams, M.D.	Wendell J. Rippel	312 S. Highland Ave

937

G75115 ✓ G75115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward Herbert Cooper, Sr.

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3321 Foster Ave.

B. FULL NAME OF HOSPITAL OR [redacted] (If not in hospital or institution, give street address or location): St. Joseph's

c. Length of stay in Baltimore: Yrs. 26 Mos. 11 Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	Married	March 11, 1897	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Standard Oil Co.	Baltimore	U.S.A.

13. FATHER'S NAME: Francis A. Cooper

14. MOTHER'S MAIDEN NAME: Martha E. Mattson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-07-2347	Mrs. Margaret M. Cooper	3324 Foster Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Brain tumor - frontal lobe
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-2-49	None - bilateral occipital encephalomalacia	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 19, 1949 *to* June 4, 1949, *that I last saw the deceased alive on* June 4, 1949, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Joseph Krejci, M.D.	[redacted] HOSPITAL.	6/4/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 8, 1949	[redacted] CEMETERY	Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 7 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Charles S. Zeiler, 901 S. Conklin St

ADDRESS

VS 150

54a

G75116

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 16

G75116

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH J. LONSDALE

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4401 White Oak Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 4401 White Oak Ave. 1-7-10

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	white	married	Feb. 8, 1900	49 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
President	Lonsdale & Holtzman, Inc.	Buffalo, N.Y.	

13. FATHER'S NAME: John Lonsdale

14 MOTHER'S MAIDEN NAME: Mary Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
no		Mrs. J. J. Lonsdale	4401 White Oak Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Rheumatic Heart
DUE TO
(B) dying Cerebral accident — 1/2 hr
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 19 37 *to* 6/6, 19 49 *that I last saw the deceased alive on* 6/6, 19 49 *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Leo J. Polesnick M. D.	4710 Liberty Hts	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/9/49	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 7 - 1949	Carrington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

95 B

G75117

G75117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 331

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ida M. Barnes

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16 01

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1217 N. Lafayette Ave.

c. Length of stay in Baltimore: 5 Yrs. 5 Mos. Days

D. STREET ADDRESS (If rural, give location): 1217 N. Lafayette Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	married	Feb. 26, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md	U.S.A.

13. FATHER'S NAME: Frank Dorsey

14. MOTHER'S MAIDEN NAME: Josephine Burks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unless otherwise shown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.			Frank C. Barnes	1217 N. Lafayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Apoplexy — (INTERVAL BETWEEN ONSET AND DEATH) 3 days

DUE TO

(B) Chronic Hypertension — 20 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 2, 1949, *to* June 4, 1949, *that I last saw the deceased alive on* June 5, 1949, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. B. Stughes M. D.	825 N. Fremont Ave	June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 6 1949	New Cathedral	Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 1949	Clayton Williams, M.D.	Holland Funeral Home	1691 Druid Hill Ave. 83a

VS 150

118 ✓ 44 ✓ G75118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Henrietta Mary Cook
2. DATE OF DEATH June 5, 1949
3. PLACE OF DEATH: Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17
D. STREET ADDRESS (If rural, give location) 509 N. Lafayette Ave
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 3, 1879
9. AGE (In years last birthday) 70 (If under 1 year: Months / Days; If under 1 day: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Henry Cook
14. MOTHER'S MAIDEN NAME Sarah Jane ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No or Unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Caroline L. Cook ADDRESS 509 N. Lafayette

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ulcerated Lepto cardo-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

(B) Generalized arteriosclerosis. — 5 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) N.D.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* June 19 49 *that I last saw the deceased alive on* June 19 49 *and that death occurred at* 7:40 *m., from the causes and on the date stated above.*

23A. SIGNATURE Douglas T. Cook, M.D.
23B. ADDRESS 1177 Madison Ave
23C. DATE SIGNED 6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 8, 1949
24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1949
REGISTRAR'S SIGNATURE Hunter for Williams, M.D.
25. FUNERAL DIRECTOR Holland Funeral Home
ADDRESS 1631 Druid Hill Ave.

VS 150

131a

G75119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75119

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Viola M. Wisner - Minor

2. DATE OF DEATH: June 6 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 27 N. Carey St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hospital

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY 14 03
529 Bloom St
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md
D. STREET ADDRESS (If rural, give location)

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Aug 28. 1889
9. AGE (In years last birthday): 59
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Holland
14. MOTHER'S MAIDEN NAME: Mary C. Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clarence B. Holland ADDRESS: 529 Bloom St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Degeneration
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 6, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 8:45 m. from the cause(s) and on the date stated above.

23A. SIGNATURE: H R Johnson M. D.
23B. ADDRESS: 403 Med Arts Bg
23C. DATE SIGNED: 6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/9/49
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 1949
REGISTRAR'S SIGNATURE: Territory for Williams, M.D.
25. FUNERAL DIRECTOR: William E. Chatman
ADDRESS: 1701 McCulloh City 17

VS 150

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G75120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

017

G75120

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Odell Crowder

2. DATE OF DEATH June 5 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland Dale 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 802 Sharpe St

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 11-18-11
9. AGE (In years last birthday) 37
If under 1 year: Months, Days
If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF (WHAT COUNTRY?)

13. FATHER'S NAME Spencer Crowder
14. MOTHER'S MAIDEN NAME Ann Grayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculosis of Adrenals — Interval between onset and death: Months

DUE TO
(B) ~~Chron~~ Constrictive Pericarditis — Years

DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/19, 1949, *to* 6/5, 1949 *that I last saw the deceased alive on* 6/5, 1949, *and that death occurred at* 11 m., *from the causes and on the date stated above.*

23A. SIGNATURE Anthony J. Bro M. D.
23B. ADDRESS JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried
24B. DATE 6/9/49
24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
24D. LOCATION (City, town, or county) (State) Balto city

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR J. L. Cousins & Son ADDRESS 108 W Monument St

VS 150

21a

G75121

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

155

G75121

Registered No.

1. NAME OF DECEASED (Type or Print) Edward Krugman

2. DATE OF DEATH June 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's

c. Length of stay in Baltimore 12 yr. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2415 Chesterfield Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
M.	W.	Married		63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales Manager	Simmons Sportswear	New York	

13. FATHER'S NAME Samuel

14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Evelyn Krugman	2415 Chesterfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cholemia and Empyema
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Diaphragmatic rupture of subphrenic abstess
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C) Carcinoma of common duct

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 21, 1949 *to* June 7, 1949, *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walton R. Rodgers, M.D.	1106 N. Eutaw St.	June 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-8-49	Cypress Hills	Long Island N.Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Jack Lewsohn	2100 Eutaw Pl.

VS 150

46F

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. BC-49-11360 — Registered No. 17512

1. NAME OF DECEASED (Type or Print): Baby Boy Barefoot

2. DATE OF DEATH: June 7 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1633 Ruxton Ave. 15 3

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W.	S.	June 5 1949		—	02

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U. S.

13. FATHER'S NAME: Herbert Bernard Barefoot

14. MOTHER'S MAIDEN NAME: Betty Claytock Barefoot

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no.	—	—	Mother (14 above)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration of Stomach Contents. — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

(B) Prematurity and Atelectasis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* June 5 1949 *to* June 7 1949 *that I last saw the deceased alive on* June 7 1949 *and that death occurred at* 1 10 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Vernon C. Kelly M. D.	Woman's Hospital	June 7 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	6-8-49	Rosedale	Phil Rd. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Jos. Sears Sons -	2100 Eutaw Pl

VS 150

159

~~25:23~~ 1 ~~25:23~~

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) REV. HERBERT KESSLER

2. DATE OF DEATH JUNE 7 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 837 WHITELOCK ST

C. Length of stay in Baltimore 37 YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE
D. STREET ADDRESS (If rural, give location) 837 WHITE LOCK ST

5. SEX	6. COLOR or RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED		40		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MOHEL		RUSSIA	

13. FATHER'S NAME JACOB KESSLER

14. MOTHER'S MAIDEN NAME ETHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		ESTHER KESSLER-	837 WHITELOCK St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
A) Coronary Occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
B) —
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: about 3 yrs. (history).

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1949 *to* June 7, 1949 *that I last saw the deceased alive on* June 6, 1949, *and that death occurred at* 10:00 m. *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Nathan Stein M.D.	1810 Eutaw St.	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-7-49	ROSEDALE	PHIL. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Jack Levin Inc -	2100 Eutaw Pl.

VS 150

94a

675124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

675124 Registered No.

STATE NO

1. NAME OF DECEASED (Type or Print) Isaac Borinsky

2. DATE OF DEATH 6-8-49

3. PLACE OF DEATH Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 2634 Oswego Ave

5. a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2634 Oswego Ave

b. Length of stay in Baltimore 37 Yrs. Mos. Days

c. Length of stay in Baltimore

6. SEX Male

7. COLOR OR RACE White

8. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed

8. DATE OF BIRTH

9. AGE (In years) If Under 1 Year: Months Days If Under 24 Hours: Hours Min. 79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME Benjamin

14. MOTHER'S MAIDEN NAME Agat

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT Leonard Barron ADDRESS 2634 Oswego Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A) Myocarditis

DUE TO

B) Chronic Nephritis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

A) 2 yrs

B) -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)

21B. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23 19 49 to June 8 19 49 that I last saw the deceased alive on June 8 19 49, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE Hubert Baylin M.D.

23B. ADDRESS 20 to Eutaw

23C. DATE SIGNED 6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6-8-49

24C. NAME OF CEMETERY OR CREMATORY Hebrew Herzyng Linz

24D. LOCATION (City or County) (State) Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eutaw Pl

VS 150

1216

75125

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3 31

Registered No. 75125

1. NAME OF DECEASED (Type or Print) Elizabeth Wilson

2. DATE OF DEATH 6-5-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 749 Vine St

c Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D STREET ADDRESS (If rural, give location) 749 Vine St.

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH 4-3-1892
9. AGE (In years last birthday) 57 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Caroline
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO
17. INFORMANT John R. Wilson ADDRESS 749 Vine St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3/49 to 6/4/49, that I last saw the deceased alive on 6/4/49, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE [signature] M.D.
23B. ADDRESS 718 Cross St
23C. DATE SIGNED 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 9, 1949
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1949
REGISTRAR'S SIGNATURE [signature] Registrar, Williams, M.D.
25. FUNERAL DIRECTOR Mrs Kate R. Williams
ADDRESS 322 N

VS 150

82a

75126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 V 75126

DEATH NO. Registered No.

1. NAME OF DECEASED (Type or Print) Edward E. Watts

2. DATE OF DEATH 6-5-1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Md.
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.
D STREET ADDRESS (If rural, give location) 1810 McCulloh St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1810 McCulloh St.

c. Length of stay in Baltimore Life — Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
Male	Col.		12-26-1883	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Balto. Md.	U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Bessie Watts	1810 McCulloh St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Vascular Renal disease — DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cirrhosis of liver — DUE TO
(C) — DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH ? ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* June 1, 1949 *to* June 5, 1949 *that I last saw the deceased alive on* June 2, 1949 *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	730 W Cold Spring	June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 8, 1949	Mt Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Mrs Katie L. Williams	Schroeder St

VS 150

1240

1975:247 ✓ 4 ✓ 1975:247

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Alma Murray

2. DATE OF DEATH: June 4th, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 723 W. Saratoga Street

c. Length of stay in Baltimore: Yrs. Unk. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4 ✓
D. STREET ADDRESS (If rural, give location): 723 W. Saratoga Street

5. SEX: Female
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 6, 1903
9. AGE (In years last birthday): 45 — If under 1 year: Months 6, Days, If under 1 day: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cannery Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lexington, S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Murray
14. MOTHER'S MAIDEN NAME: Miss Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Cedell Brown — ADDRESS: 723 W. Saratoga St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardio-
DUE TO
(B) Vascular Renal Disease, yrs
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* May 23rd, 1949 *to* June 4th, 1949, *that I last saw the deceased alive on* June 4th, 1949, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 600 N. Carlington Avenue
23C. DATE SIGNED: 6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-8-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Zion Cemetery
24D. LOCATION (City, town, or county) (State): Lansdowne Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 N. Edmondson Ave

VS 150

121a

75128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 G75128 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mickey Foster

2. DATE OF DEATH: June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Second floor 947 W. Lexington St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	Single	6-2-1908	41		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Louisburg N.C.	U.S.A

13. FATHER'S NAME: John Foster

14. MOTHER'S MAIDEN NAME: Sallie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		Viola Frances	947 W. Lexington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive C.V.D.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C DATE SIGNED
Earl Royer M.D.	☒	June 4, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 6, 1949	Mt Auburn	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Mrs Kate R. Williams	3221 Edmondson Ave

93D

75129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 ✓ Registered No. G75129

DEATH NO.

1. NAME OF DECEASED (Type or Print) Concetta Liberto

2. DATE OF DEATH June 7-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3031 Brighton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16 07

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 3031 Brighton street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hours: Hours	Min.
Female	white	married	Dec 5-1873	75	6	2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Italy	

13. FATHER'S NAME Fantone

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Mary Liberto	111 Lyndhurst Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Cardio Vascular- Ren l disease — 2 years

DUE TO (decompensated)

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1949, *to* June 7, 1949 *that I last saw the deceased alive on* June 6 1949 *and that death occurred at* 12 N. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	1901 Eutaw Place, City	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9-10-1949	New Cathedral Cem.	4100 Frederick Rd. Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8-1949	Huntington Williams, M.D.	Joseph Lanza & Sons	131 Lombard St.

VS 150

131a

G75130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75130

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE MASTAVEKAS

2. DATE OF DEATH 6-6-49

3. PLACE OF DEATH: Baltimore City, Maryland 1914 LETITIA AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 1914 LETITIA AVE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 25-F

5a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

5c. Length of stay in Baltimore 45 Yrs. Mos. Days

d. STREET ADDRESS (If rural, give location) 1914 LETITIA AVE.

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 23, 1883

9. AGE (In years last birthday) 66 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR

10b. KIND OF BUSINESS OR INDUSTRY Clothing

11. BIRTHPLACE (State or foreign country) LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE MUSTAVSKAS.

14. MOTHER'S MAIDEN NAME Yuhnevicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 215-03-7162-A.

17. INFORMANT Same as 5a Elizabeth Mustavskas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Metastases to Lungs and Liver — 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1/47 19__, *to* 6/6/49, 19__ *that I last saw the deceased alive on* 6/6/49, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] M. D.

23b. ADDRESS 651 N Bentalou

23c. DATE SIGNED 6/7/49

24a. BURIAL, CREMATION, REMOVAL Burial

24b. DATE 6-9-9

24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24d. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR [signature]

ADDRESS 103 McHenry St

VS 150

46B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 675131

STATE NO.

1. NAME OF DECEASED (Type or Print) PETRONELLI (TRPIN) LAPINSKAS

2. DATE OF DEATH 6/6/49

3. PLACE OF DEATH: Baltimore City, Maryland 755 Ramsay St

3a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md. b. COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto
d. STREET ADDRESS (If rural, give location) 755 Ramsay St

c. Length of stay in Baltimore: 50 Yrs. Mos. Days

5. SEX M. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 15, 1888 | 9. AGE (In years last birthday) 61 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Lithuania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Joseph Lapin ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion - Acute — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO (B) Arteriosclerosis - generalized. - last 10 yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st, 1949, to June 6th, 1949, *that I last saw the deceased alive on* 6-6-49, 19__, *and that death occurred at* 10:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M. D. | 23b. ADDRESS 642 Wash. Blvd | 23c. DATE SIGNED 6-7-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24b. DATE 6/9/49 | 24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer | 24d. LOCATION (City, town, or county) Balto (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 1949 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 25. FUNERAL DIRECTOR [illegible] | ADDRESS 703 McHenry St.

VS 150

Kachanoskas Chas Rtha

51.52 — BALTIMORE CITY HEALTH DEPARTMENT — 420.1 — G75152

CERTIFICATE OF DEATH

BIRTH NO. — Registered No. G75152

1. NAME OF DECEASED (Type or Print): Julia Niesiolowska

2. DATE OF DEATH: June 7, 1949

3. PLACE OF DEATH: Baltimore City, Maryland 130 S.Patterson Prk Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 31
D. STREET ADDRESS (If rural, give location): 130 S.Patterson Prk Ave

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Joseph Old Age Home

c. Length of stay in Baltimore: ? (Yrs. Mon. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	White	Widow	Jan 9 1866 ?	83 ?		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland	

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			Sister Mary Angeline	130 S.Patterson Prk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

(B) Hypertension C.V.Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/10, 1949 *to* 3/25, 1949 *that I last saw the deceased alive on* 3/25, 1949 *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis J. Costello M. D.

23B. ADDRESS: 8004 Patterson Park Ave

23C. DATE SIGNED: 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): June 10-1949

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY: St.Stanislaus

24D. LOCATION (City, town, or county) (State): Baltimore City Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: George A.Weber — ADDRESS: 705 South Ann Street

VS 150

93D

GM. 119442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G751133

STATE FILE NO.

1. NAME OF DECEASED (Type or Print) Frank Breski (Or) Franciszek Bialobrzeski

2. DATE OF DEATH 6- 6- 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave,

c. Length of stay in Baltimore 33 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1808 Lancaster ST.

5. SEX M

6. COLOR or RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Oct. 18-1898

9. AGE (In years last birthday) 51 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Holland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony Breski

14. MOTHER'S MAIDEN NAME Amelia Bogdanski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT B.C.H. Records ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION Nov. 12 - 1948

19B. MAJOR FINDINGS OF OPERATION Phrenic Crush

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5- 5- , 1948, *to* 6- 6- , 1949, *that I last saw the deceased alive on* 6 -6, 1949, *and that death occurred at* 10.30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE P. S. Rogers M. D.

23B. ADDRESS B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED 6-7-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE June 10-1949

24C. NAME OF CEMETERY St. Stanislaus

24D. LOCATION (City, town, or county) (State) Baltimore City, Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS George A. Weber 705 South Linn Street

VS 150

136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6251

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER L. MAZAN

2. DATE OF DEATH June 7, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 838 S. Bond Street

c. Length of stay in Baltimore 49 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 838 S. Bond Street

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	White	Married	Unknown	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Poland	

13. FATHER'S NAME: Lawrence Mazan

14. MOTHER'S MAIDEN NAME: Maryanna Majka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No		

17. INFORMANT: Mr. Joseph Mazan, ADDRESS: 838 S. Bond Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	CHRONIC MYOCARDITIS	1 YR.
DUE TO (B)	BRONCHIAL ASTHMA	15 YRS
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	BILATERAL INGUINAL HERNIA	20 YRS (??)

19a. DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 3, 1949 *to* June 7, 1949, *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 12:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Joseph F Buenger M.D.	209 N Chester St	6/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1949	St. Stanislaus	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS
JUN 8 - 1949	[illegible]	M.F. Sadowski & Sons, 1808 Eastern Avenue

VS 150

92 D

G751:55

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 G751:55

Registered No.

1. NAME OF DECEASED (Type or Print): Maryanna Gomolka

2. DATE OF DEATH: June 6 - 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland 3108 Clearview ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3108 Clearview ave

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 59 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Szymanski
14. MOTHER'S MAIDEN NAME: Rosalie Kazmierczak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: anna Gomolka ADDRESS: 3108 Clearview ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Insufficiency
DUE TO
(B) Hypertension - Cardio - Vascular Disease.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT SUICIDE HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10 1944 *to* June 6 1949 *that I last saw the deceased alive on* June 6 1949 *and that death occurred at* 1 1/2 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Conrad Lemanowicz M.D.
23B. ADDRESS: 2579 Eastern Ave
23C. DATE SIGNED: 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 10-1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS: 2007 Eastern Ave

VS 150

93D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331 G751356 Registered No.

1. NAME OF DECEASED (Type or Print): Annie Elizabeth Miller

2. DATE OF DEATH: June 6 1949

3. PLACE OF DEATH: a. Baltimore City, Maryland 3033 Frisby St

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 76 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3033 Frisby St

9-54

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 1 Day: Hours / Min.
Female	White	Widow	Jan 16 1873	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Baltimore Md	

13. FATHER'S NAME: George Lautenberger

14. MOTHER'S MAIDEN NAME: Elizabeth Ruhland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Irma E. Gibney	3033 Frisby St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cerebral Hemorrhage	7 days
DUE TO	Cardiac Asthenia	4 hrs
(B)	Hypertension & Arteriosclerosis	15 yrs
DUE TO		
(C)		

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1949 *to* June 6, 1949, *that I last saw the deceased alive on* June 6, 1949, *and that death occurred at* 10 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: A. Williams M. D.

23B. ADDRESS: 1212 S Paul St

23C. DATE SIGNED: June 7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: June 9 1949

24C. NAME OF CEMETERY OR CREMATORY: Woodlawn

24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Harry G. Hunsicker

ADDRESS: 4204 Ridgewood Ave

VS 150

8-3a

G751337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7 54 4 G751337

Registered No.

BIRTH NO. B.C. 48-28809

1. NAME OF DECEASED (Type or Print): Leroy DAVIS

2. DATE OF DEATH: JUN 1 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 1012 Rutland Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
male	colored	baby	- - 48		8	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jessie	Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cong. Ht. disease.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
G. G. Merrill
For: C. J. Lubinski M. D.
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* ____ 19__, *that I last saw the deceased alive on* June 1, 19 49, *and that death occurred at* 11:58 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
P. D. Harmon M. D.	JOHNS HOPKINS HOSPITAL	6

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 8-49	Mt Calvary Cemetery	A A Co. Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Turnington Williams, MD	Robert W. Edmonds	1515 N. Wolfe St.

JUN 8 - 1949

Medical Case Released to Hospital

OVER. 157E

75368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193 Registered No. 75368

JUN 8 - 1949

STATE NO.

1. NAME OF DECEASED (Type or Print) BEATRICE MAY BLUETT

2. DATE OF DEATH 7 JUNE 1949

3. PLACE OF DEATH Baltimore City, Maryland BALTO, MD

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE MARYLAND
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE
d. STREET ADDRESS (If rural, give location) 3811 HILLSDALE ROAD

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3811 Hillsdale Road

c. Length of stay in Baltimore 12 YRS (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) If under 1 year: Months Days; If under 24 hours: Hours Min.
F	W	M	22 DEC 1903	45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	—	PHILA, PA.	U S A

13. FATHER'S NAME: JOHN HUBER

14. MOTHER'S MAIDEN NAME: AGNES HOFFMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	—	GEORGE BLUETT (HUSBAND)	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	BRAIN TUMOR	NOV 1948
DUE TO (B)	—	JUNE 1949
DUE TO (C)	—	6-7 MONTHS
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		OVER
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
16 DEC 48	BRAIN TUMOR	YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 8 DEC 48, 1948, *to* 7 JUNE, 1949, *that I last saw the deceased alive on* 6 JUNE, 1949, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Robert E Bauer M.D.	2270 Park Heights Ave	7 June 49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1949	Lawn View Cemetery	Rockledge, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, MD	Ellis Murray	4510 Liberty Heights Ave.

VS 150

54a

G75139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75139

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Albert Breen

2. DATE OF DEATH June 6, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D STREET ADDRESS (If rural, give location) 5 West 25th st

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widower	Dec. 16, 1889	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist helper	Crown Cork & Seal	Baltimore	U S

13. FATHER'S NAME James Breen

14. MOTHER'S MAIDEN NAME Catherine McGinnity

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	213-12-8725	Mrs. Genegieve Lent	2509 Linwood Roa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C) Cirrhosis Laennec — 2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 Dec 47 *to* 6 June, 1949, *that I last saw the deceased alive on* 6 June, 1949, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Louis L. Conolly, M.D.	13 E. Eager St.	7 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9, 1949	Cathedral	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Rita Wiedefeld	900 East Biddle St

VS 150

61

G75140 ✓ 427.1 G75140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) William Moore

2. DATE OF DEATH June 5, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a STATE Maryland
b COUNTY
c CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d STREET ADDRESS (If rural, give location) 1313 E. Eager St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
M	C	M	11-4-96	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Balto. Md.	

13. FATHER'S NAME Wm Moore

14. MOTHER'S MAIDEN NAME Isabelle Cromwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	1st. World		Annie Sparks	1014 E. Lexington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED
John R Davis M.D		June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B.	6-9-49	Balto. National	Balto. City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, MD	Byron & Mamie Wright	721 Asquith St.

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1 Yr 0 Mo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 3 3

Registered No. G75141

1. NAME OF DECEASED (Type or Print): Carrie J. Manuel

2. DATE OF DEATH: June 4, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 706 E. 30th St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----------
c. Length of stay in Baltimore: 77 Yrs. 10 Mos. 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 706 E. 30th St. 9-3-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
F.	W.	Married	Oct. 25, 1871	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Baltimore, Md.	U. S. A.

13. FATHER'S NAME: Harman Smith

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	-------	Juan Manuel	706 E. 30th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	4 days
DUE TO (B)	Arterio-Sclerosis	10 yrs.
DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-----		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 21, 1948 *to* June 4, 1949 *that I last saw the deceased alive on* June 4, 1949 *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Arthur E. Davies M. D.	800 N. Mart St.	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	6/8/49	Mt Olivet Cem	Bells Mill

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 1949	Lamington Williams, M.D.	Ellsworth Armacost	5119 Harford Rd

VS 150

83a

Olmer X ✓

G75142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157 G75142 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) George Olmer

2. DATE OF DEATH 6/6/49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville
D. STREET ADDRESS (If rural, give location) 12 Melvin Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital

c. Length of stay in Baltimore — Yrs. — Mos. — Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
Male	white	Widowed	5/15/1870	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TANNER	LEATHER	Md.	

13. FATHER'S NAME Joseph

14. MOTHER'S MAIDEN NAME Regina Kroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure - Coronary
DUE TO
(B) Coronary Thrombosis with
DUE TO
(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 4 1949	Thrombotic Coronary	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-23-49, 19__, to 6-6-49, 19__, *that I last saw the deceased alive on* 6-6, 1949, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E. C. Rodriguez M. D.	St. Agnes Hospital	6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6.9.49	"	"

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.		

VS 150

469

G75143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 Registered No. G75143

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Sodaro

2. DATE OF DEATH June 5 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1426 Cold Spr. Ave

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
1426 E Coldspring Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1426 E Coldspring Ave 27-09

5. SEX Mal
6. COLOR OR RACE White
7. ~~SINGLE~~ MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Aug 26 1882
9. AGE (In years last birthday) 66 67
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10B. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Manuel Sodaro
14. MOTHER'S MAIDEN NAME Carmela Bellfiore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO
17. INFORMANT Conselea Sodaro ADDRESS 1315 Southwicke Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO
(B) Carcinomatosis — 2 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1945 *to* June 5, 1949 *that I last saw the deceased alive on* 6/5, 1949 *and that death occurred at* 6.45 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE Lawrence A. Sera, M. D.
23B. ADDRESS 11 E. Chase St
23C. DATE SIGNED 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE June 9/1949
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR John C. Mosan ADDRESS 3000 E Baltimore St

46D

G75144

BALTIMORE CITY HEALTH DEPARTMENT, 61

CERTIFICATE OF DEATH

G75144

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward J. Farrell

2. DATE OF DEATH 6-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4108 Maine Ave

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 4108 Maine Ave 28 C V

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year Months	Days	If under 1 day Hours	Min.
Male	White	Single	7-19-1895	53				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward P. Farrell	Elizabeth Clarke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	I	218-01-6330	Miss Catherine	4108 Maine Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Throat

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) involving Epiglottis chiefly

DUE TO

(C) (Confirmed by Biopsy)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 7, 1949 *to* June 7, 1949 *that I last saw the deceased alive on* June 6, 1949, *and that death occurred at* 4:00 m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Emmett J. Keegan M. D.	The Esplanade (7)	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-10-49	New Cathedral	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	John A. Moran	3000 E Balt St

VS 150

47a

G75145

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓X 86.0 G75145

Registered No.

1. NAME OF DECEASED (Type or Print) Harriet Millbert Maryland

2. DATE OF DEATH June 1, 1949

3. PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE N. H.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) H[illegible]
D. STREET ADDRESS (If rural, give location) 20 [illegible] Ridge

a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: Years 3, Months 7, Days

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-7-11
9. AGE (If under 1 year: Months, Days; If under 24 hours: Hours, Min.) (Last birthday): 37

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N. H.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar B. Millbert
14. MOTHER'S MAIDEN NAME: Minnie Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:
(B) DUE TO: Pneumatosis Cystoides Intestinalis 2 days.
(C): Ileus; inanition 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: 5-6-49
19B. MAJOR FINDINGS OF OPERATION: alive
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1 1949 *to* 6-7 1949, *that I last saw the deceased alive on* 6-7 1949, *and that death occurred at* 10 30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 10 1949
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Hanover N.H.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8-1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: John O. Mitchell Sons
ADDRESS: [illegible]

VS 150

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G75146

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Vol. 1

G75146

Registered No.

1. NAME OF DECEASED (Type or Print): Cecil V Williams

2. DATE OF DEATH: June 7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 N. Clinton St

c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore — 26 16
D. STREET ADDRESS (If rural, give location): 614 N Clinton St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	married	Jan 28 1902	47	4	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Franklin Williams

14. MOTHER'S MAIDEN NAME: Martha Wesenborn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs Matilda Williams — ADDRESS: 614 N Clinton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 27 1948 *to* June 7, 1949, *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. Cobliad, M. D.

23B. ADDRESS: 447 N. Kenwood Ave

23C. DATE SIGNED: 6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6/11/49

24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Colgate Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Ulwick Funeral Home — ADDRESS: 2 E Lanvale St

VS 150

94a

G75147 — BALTIMORE CITY HEALTH DEPARTMENT — 41 — G75147

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Ewalt F. Mayunke

2. DATE OF DEATH: June 6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2205 E. Federal St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: 74 yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 2205 E. Federal St.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md.
D. STREET ADDRESS (If rural, give location): 2205 E. Federal St. 8 4

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 24, 1874
9. AGE (In years last birthday) | If under 1 year: Months, Days | If under 24 hours: Hours, Min.: 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: --- Mayunke
14. MOTHER'S MAIDEN NAME: Annie---
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	BRONCHIAL PNEUMONIA	2½ DAYS
DUE TO (B)	BRONCHIA ASTHMA - (SEVERE)	6 YRS.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	✓	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 3, 1949 *to* JUNE 6, 1949 *that I last saw the deceased alive on* JUNE 6, 1949, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: James F. Kavanagh M.D. M.D.
23B. ADDRESS: 3014 Mc Elderry St
23C. DATE SIGNED: 6-6-49.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 9/49
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Co.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: Philip Sherry Sons
ADDRESS: 2024 Orleans St.

VS 150

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75148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75148

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Andrew Nieberleiss

2. DATE OF DEATH 6/6/49

3. PLACE OF DEATH: A. Baltimore City, Maryland 3225 Dudley Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D STREET ADDRESS (If rural, give location) 3225 Dudley Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M.	W.	Married	Jan 13 1872	37	4 24	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Coma R. R.	Baltimore	

13. FATHER'S NAME John Nieberleiss

14. MOTHER'S MAIDEN NAME Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Mrs Lillian L. Nieberleiss	3225 Dudley Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypertensive Cardio Vascular Renal.	
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	
DUE TO		
	(C) Diabetes Mellitus with Gangrene of foot.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1949 *to* 6/6 1949 *that I last saw the deceased alive on* 6/6 1949 *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
L. B. Timons M. D.	3400 Eastern Ave	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
	6/9/49	Oak Lawn	Baltimore

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	Philip Herwig Sons Inc.	2524 Eastern Ave

VS 150

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G75149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

No. 1 G75149 Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print): James A. Frederick, Sr.

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3612 Clipper Road
c. Length of stay in Baltimore: 25 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural give location): 3612 Clipper Road

5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Widower	Feb. 11, 1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman Baltimore City	Retired 4 years	Maryland	U S A

13. FATHER'S NAME: Nelson Frederick

14. MOTHER'S MAIDEN NAME: Mary Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Miss Lura Frederick	3612 Clipper Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) DUE TO	Coronary Thrombosis	4 hrs.
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
(B) DUE TO	Hypertensive CVD	?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 1948 *to* June 6, 1949 *that I last saw the deceased alive on* June 6 1949 *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Laurence Shumaker M.D.	3715 Falls Rd	6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9, 1949	Wiseburg	Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, MD	Burgee Funeral Home	3631 Falls Road

9-21

G75150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75150

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Effie L. Tyson

2. DATE OF DEATH: June 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1543 Cox Street

c. Length of stay in Baltimore: 48 years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1543 Cox Street

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 10, 1872

9. AGE (In years last birthday) / If under 1 Year: Months, Days / If under 24 Hours: Hours, Min.: 77

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John G. Garber

14. MOTHER'S MAIDEN NAME: Hester Ann Poole

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown): - No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO: ---

17. INFORMANT: Mrs. Pearl E. Cook — ADDRESS: 1543 Cox Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A) Arteriosclerotic CV Disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

B) — DUE TO

C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1949 *to* June 7, 1949 *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 12 30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Herrman M. D.

23B. ADDRESS: 4027 Falls Rd.

23C. DATE SIGNED: 6/11/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: June 10, 1949

24C. NAME OF CEMETERY OR CREMATORY: Shrewsbury Cemetery

24D. LOCATION (City, Town, or County) (State): Shrewsbury, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 1949

REGISTRAR'S SIGNATURE: Curtis Williams, M.D.

25. FUNERAL DIRECTOR — ADDRESS: Burgee Funeral Home 3631 Falls Road

VS 150

92D

CERTIFICATE CORRECTED 6-20-49

G75151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75151

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA CHRISTINA SCOTT

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — 921 N. Patterson Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): STATE: Md.

B. COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

c. Length of stay in Baltimore: 60 years (Yrs. / Mos. / Days)

D. STREET ADDRESS (If rural, give location): 921 N. Patterson Park Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (Last Birthday) (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Mins.)
female	white	married	Dec. 24, 1871	77

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign Country)	12. CITIZEN OF (What country?)
housewife		Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
			James H. Scott - 921 N. Patterson Park Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Interval between onset and death: June 5 '49

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS (If any giving rise to the above cause (A) stating the UNDERLYING CONDITION last)

(B) Chr. Myocarditis — July 8 48

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? (YES ☐ NO ☐)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month, Day, Year, Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949 to June 5th, 1949, that I last saw the deceased alive on June 5 1949 and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
William J. Rykand M.D.	801 N. Kenwood Ave	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	6/9/49	Loudon Park Cemetery	3801 Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, MD	Schimunek Funeral Home, Inc.	2601-3-5 E. Madison St.

VS 150

92D

G75152

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 51

Registered No. G75152

1. NAME OF DECEASED (Type or Print): DAVID C. YINGLING

2. DATE OF DEATH: JUNE 6, 1949.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 246 S. BOULDIN ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 246 S. BOULDIN ST. 26 1C

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
MALE	WHITE	MARRIED	MAR. 12, 1894	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHECKER	BETH. STEEL CO	WESTMINSTER, MD.	

13. FATHER'S NAME: DAVID R. YINGLING

14. MOTHER'S MAIDEN NAME: ANNA NOEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
—	—		HELEN YINGLING	246 S. BOULDIN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: Gastric Carcinoma (Metastases to lymph nodes) — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bronchial Asthma — 5 yrs +

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 1949 *to* June 6, 1949 *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 5:35 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
David Silverman M. D.	110 N. Milton Ave	6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-9-49	NEW CATHEDERAL CEM	OLD FREDERICK RD.

DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	ADDRESS
JUN 8 1949	Washington Funeral Home, Inc.	Charles L. Zeiler	901 S. Conkling St.

VS 150

46B

G75153 ✓ 31 G75153

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3

1. NAME OF DECEASED (Type or Print): ANNA F. Mirschberger

2. DATE OF DEATH: 6-6-49

3. PLACE OF DEATH: a. Baltimore City, Maryland: BALTIMORE

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4702 HARFORD

Luther Nursing Home

c. Length of stay in Baltimore: Life — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8 03
D. STREET ADDRESS (If rural, give location): 2403 E. FEDERAL ST

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Dec. 7 1874	74 75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward H. Timmings

14. MOTHER'S MAIDEN NAME: Eliza. Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 215-10-7730

17. INFORMANT: MRS. MILTON HARRINGTON ADDRESS: 2403 E. Federal St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 21 days

DUE TO

(B) Arteriosclerosis — unknown

DUE TO

(C) Hypertension — unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May, 1949, *to* 6 June, 1949, *that I last saw the deceased alive on* 2 June, 1949, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard Feldman M. D.

23B. ADDRESS: 1513 N. Milton Ave

23C. DATE SIGNED: 8 June 49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 6-9-49

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balt. St.

83a

G75154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO

Registered No. 48 G75154

1. NAME OF DECEASED (Type or Print) Cora Faidley

2. DATE OF DEATH June 4-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 317 E 23rd St
c. Length of stay in Baltimore 25 yrs — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 317 E. 23rd St 12 4

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 10-1877
9. AGE (In years) If under 1 year: Months, Days. If under 24 hours: Hours, Min. 71 last birthday 72.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Wilson
14. MOTHER'S MAIDEN NAME Frances —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT William Faidley ADDRESS 317 E 23rd St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF THROAT — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) DUE TO
(C) DIABETES MELITUS 3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* Jan 15, 1948, to 6-4-49, 19, *that I last saw the deceased alive on* May 25, 1949, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23A SIGNATURE M. David Alpern, M. D
23B ADDRESS 238 N Carey St
23C DATE SIGNED 6-7-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped
24B DATE 6-8-49
24C NAME OF CEMETERY OR CREMATORY Keyesville
24D LOCATION (City, town, or county) Keyesville (State) Va

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR Rayner Sanders
ADDRESS 1412 E. Preston St

45F

VS 150

BIRTH NO. 275155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 275155

1. NAME OF DECEASED (Type or Print): Frances Bond

2. DATE OF DEATH: June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1717 Brentwood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	C	Widow	3-8-1872	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			John ". Bond	1717 Brentwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER ☒ / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Earl L Kruger M.D		June 5, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 9, 1949	Mt. Calvary Cem.	A. A. Co.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 1949	Thurlington Williams, M.D.	Rayner SANDERS,	1412 E. Preston St.

VS 151

93D

G751156

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G751156

1. NAME OF DECEASED (Type or Print) **Mary Bertorelli**

2. DATE OF DEATH **June 5 1949**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **1003 Fawn St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE **Maryland**
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D STREET ADDRESS (If rural, give location) **1003 Fawn St.**

5. SEX	6 COLOR OR RACE	7 SINGLE MARRIED WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	White	Widowed	June 10 1877	71	11	26		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife	home	Farini D'Olmo Piacenza Italy	

13. FATHER'S NAME **Pietro Morisi**

14 MOTHER'S MAIDEN NAME **Mary ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
			Angela Bertorelli	1003 Fawn St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

DUE TO

(B) General Arteriosclerosis — 5 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 3rd 1948 *to* June 4 1949 *that I last saw the deceased alive on* June 4 1949 *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Melvin L. Solomon, M. D.	129 S. Bway	6/6/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	June 9 1949	Holy Redeemer Cemetery	4430 Belair Rd. Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
JUN 8 1949	Huntington Williams, M.D.	Frank Della Luce	322 S. High St.

VS 150

93 D

G751157

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G751157

Registered No.

1. NAME OF DECEASED (Type or Print): Daniel H. Higier

2. DATE OF DEATH: JUN 0 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 0 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gloversville
D. STREET ADDRESS (If rural, give location): 160 Prospect Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	White	Married	9-19-93	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glove Manufacturer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Herman Higier
14. MOTHER'S MAIDEN NAME: Rose Horowitze.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO
(B) Arteriosclerosis.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-1- 1949 *to* 6-8- 1949, *that I last saw the deceased alive on* 6-8- 1949, *and that death occurred at* 5 53 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
J. Martin Hyer, Jr. M. D.	JOHNS HOPKINS HOSPITAL	June 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-8-49	Knesseth Israel	Gloversville N.Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8-1949	Curtis Williams, MD	Jack Levow M	2100 Eutaw Pl

VS 150

828

G75158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75158

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Sallie Dean

2. DATE OF DEATH 6/6/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hosp.

c. Length of stay in Baltimore 0 Yrs. 3 Mos. 6 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE Md. B COUNTY Balto.
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Catonsville
D STREET ADDRESS (If rural, give location) Confine 7 Mos. 5-1

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 2-1-866

9. AGE (In years last birthday) 83 yrs. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. L. Dean (Dead)

14. MOTHER'S MAIDEN NAME Elizabeth Hardy (Dead)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Bladder
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C) Hypertrophied Arteriosclerosis Cachexia

INTERVAL BETWEEN ONSET AND DEATH: 1 year

19A. DATE OF OPERATION 5/24/49

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1949, *to* 6/7, 1949, *that I last saw the deceased alive on* 6/7, 1949, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Stephen K. Paduris M.D.

23B. ADDRESS St. Agnes Hospital

23C. DATE SIGNED 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/9/49

24C. NAME OF CEMETERY OR CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) Catonsville, Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR ADDRESS H. C. Hynes and Son 2015 Pulaski Hwy.

VS 150

52B

G75159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75159

STATE NO.

1. NAME OF DECEASED (Type or Print): EARLE C. SOUDER

2. DATE OF DEATH: June 8, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belvedere Hotel

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Pa.
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilkinsburg
D STREET ADDRESS (If rural, give location): 2338 Collins Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Apr. 22, 1895	53 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales Engineer	Westinghouse Elec. Co.	Wilmington, Del.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel C. Souder	Josephine Curridan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	World War #1		Mrs. Ruth B. Souder	Wilkinsburg, Pa. 2338 Collins Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — DUE TO
ANTECEDENT CAUSES
(B) — DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from June 8, 1949 to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 9:10A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stephen J Van Lill III M.D.	2843 St Paul St	June 8 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Removal	6/8/49	Wm. Penn Mem. Cem.	Allegheny Co. Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 8 - 1949	Huntington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

94a

G75160 V E902.0 G75160

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 48-14560 **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print): Linda Costello N 803.2	2. DATE OF DEATH: 7 June 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
c. Length of stay in Baltimore: Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location): 2006 Barclay St. 12-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 hours: Hours	Min.
Female	White	Single	June 30-1948		11	17		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robt. Shirley Costello	Kathryn Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Robt. Costello	2006 Barclay St.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH**

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE **UNDERLYING CONDITION** LAST

(B) Multiple lacerations of brain — DUE TO

(C) Intracerebral hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7 June 1949	Hematomata, Marked lacerations of brain	YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Home	2006 Barclay St.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
June 7 1949 10:30 A.M.		Fell from 3rd floor window

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy / Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
Wm. H. Kammer, M.D.		7 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/9/49	Glen Haven	Glenburnie Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Huntington Williams, M.D.	[illegible]	217 N. Paul St.

VS 151

1860.

G75161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75161

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Philip Hann

2. DATE OF DEATH: 6-8-49

3. PLACE OF DEATH: A Baltimore City, Maryland — Church Home & Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A STATE MD — B COUNTY —

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

c. Length of stay in Baltimore: 30 Yrs.

D. STREET ADDRESS (If rural, give location): 2446 Presburg St

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	~~Single~~ Married	5-1-06	43	/ 7	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF (WHAT COUNTRY)
~~Boundsman~~ PRINTER	Ford Balto. Press	Maryland	US

13. FATHER'S NAME: John Hann

14. MOTHER'S MAIDEN NAME: Nanny H. Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—		Self	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the pancreas with metastases to liver and portal vein

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-11-49	Carcinoma of Pancreas, inoperable	YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	—

22. *I hereby certify that I attended the deceased from* 5-7, 1949, *to* 6-8, 1949 *that I last saw the deceased alive on* 6-8, 1949, *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Rush Moore M.D.	Church Home - Hospital	6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/11/49	Grace Reformed	Taneytown Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Huntington Williams, M.D.	W. M. Cook Inc.	217 St. Paul St.

VS 150

469

G75162

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75162

1. NAME OF DECEASED (Type or Print): Jane L. Aisquith

2. DATE OF DEATH: JUN 8 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 0 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE: Delaware
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodcrest
D. STREET ADDRESS (If rural give location): 207 Forlong Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 12-21-48
9. AGE (In years last birthday): If Under 1 Year: Months 5, Days 12; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles H. Aisquith
14. MOTHER'S MAIDEN NAME: Leonnia Gumbo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) adrenal cortical insuff.
DUE TO
(B) adrenalectomy total - bilateral
DUE TO
(C) adrenal hyperplasia.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
pneumonia.

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4-1949 *to* 6-8-1949 *that I last saw the deceased alive on* 6-8, 1949 *and that death occurred at* 12^m. *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/9/49
24C. NAME OF CEMETERY OR CREMATORY: Silverbrook
24D. LOCATION (City, town, or county) (State): Wilmington - Del

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Stewart Merrills - Balto. ADDRESS:

VS 150

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G75163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G75163

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Maggie Pritchett

2. DATE OF DEATH 6/7/49

3. PLACE OF DEATH
A. Baltimore City, Maryland 1329 Fawn St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived at time of death, and not temporary residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1329 Fawn St

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) W

8. DATE OF BIRTH 6/24/1878

9. AGE (In years. If under 1 year, Months, Days. If under 24 hours, Hours, Min.) last birthday 70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF (WHAT COUNTRY)

13. FATHER'S NAME Wesley Johnson

14. MOTHER'S MAIDEN NAME ? Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Leonard Pritchett ADDRESS 1329 Fawn St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Cerebral Hemorrhage. DUE TO — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Malignant Hypertension DUE TO

(C) Thrombosis, Nephritis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? (Yes) (No) No

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* May 23, 19 49 *to* June 6, 19 49, *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE Estudevan, M.D.

23B. ADDRESS 1612 Edmondson Ave

23C. DATE SIGNED 6-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/11/49

24C. NAME OF CEMETERY OR CREMATORY Mt Calvary

24D. LOCATION (City, town, or county) (State) U. D. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1949

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR R. L. Brown & Son ADDRESS 108 W Montgomery St

VS 150

1213

75164 Hospital Deceased ✓ 776 G75164

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. B.C. 49-1086 **CERTIFICATE OF DEATH** Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Proctor

2. DATE OF DEATH May 30, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-1
D. STREET ADDRESS (If rural, give location) 524 N. Milmor St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Child	5-30-49		7 / 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		md.	

13. FATHER'S NAME William Proctor

14. MOTHER'S MAIDEN NAME Dorothy Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-30 1949 *to* 5-30 1949 *that I last saw the deceased alive on* 5-30 1949, *and that death occurred at* 5:55 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Huntington Williams, M.D.		

VS 150

Hospital Disposal

159

G75165 Hospital Disposal

BIRTH NO. 49-150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

116

G751165 Registered No.

1. NAME OF DECEASED (Type or Print): Baby "Girl" Daskins

2. DATE OF DEATH: JUN 3 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-2
D. STREET ADDRESS (If rural, give location): 539 Johannsen St

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
Female	Colored		6-2-49			15 55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-2 1949 *to* 6-3 1949, *that I last saw the deceased alive on* 6-3 1949, *and that death occurred at* 1 10 a m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton Markowitz MD M. D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Huntington Williams, MD		

VS 150

159

G75166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

331

G75166

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE HENRY RICHARD, SR.

2. DATE OF DEATH June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1823 N. Washington Street

c. Length of stay in Baltimore Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1823 N. Washington Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year Months	Days	If under 24 hours Hours	Min.
M.	W	Married	July 15, 1868	80				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	Baltimore City	Maryland	USA

13. FATHER'S NAME: Christian Richard

14. MOTHER'S MAIDEN NAME: Mary MacDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		215-12-8348	1823 N. Washington Street Mrs. Mary E. Ruchard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage DUE TO	3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) Arterio Sclerosis DUE TO	5 yrs.
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* June 4, 1949, *to* June 6, 1949, *that I last saw the deceased alive on* June 6, 1949, *and that death occurred at* 2:10 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Chas. Finan M. D.	1215 Eutaw St.	6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/9/49	Loudon Park Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 9 - 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

VS 150

82a

G75167 G75167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM WATSON TAYLOR William Taylor

2. DATE OF DEATH June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home for the Aged

c. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1200 Valley Street 10-1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months Days	If under 24 hours: Hours Min.
M.	W.	W.	June 4, 1882	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Hotel	Maryland	USA

13. FATHER'S NAME George Taylor

14. MOTHER'S MAIDEN NAME Laura Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	none	Linda Jenkins	1200 Valley St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Acute Dilatation of Heart	1 day
DUE TO (B)	Chronic Myocarditis	3 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1 *, 1949, to* June 6 *, 1949, that I last saw the deceased alive on* June 6 *, 1949, and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
E Gill Hall MD M. D.	1631 E North Ave	June 8-1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	6/10/48	Loudon Park Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Huntington Williams, M.D.	HENRY SANDER & SONS, INC.	

VS 150

BALTIMORE - 13, MARYLAND 93D

G75168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Prov. 1

G75168

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print): LOUIS HUETHER

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-5
D. STREET ADDRESS (If rural, give location): 1702 E. Lafayette Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1702 E. Lafayette Avenue

c. Length of stay in Baltimore: 60 yrs (Yrs. Mos. Days)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
M	W	Married	Jan. 13, 1864	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Retired 15 yrs.	Germany	USA

13. FATHER'S NAME: ? Huether

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT: Mrs. Matilda P. Huether 1702 E. Lafayette Avene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

(B) Hypertension C.V. renal disease and

DUE TO

(C) complications of Hodgkin's disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/2, 1949 *to* 6/6, 1949, *that I last saw the deceased alive on* 6/4, 1949 *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 8704 Fullerton Parkway

23C. DATE SIGNED: 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	6/9/49	Woodlawn Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND 46E

G75169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75169 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS KESSLER

2. DATE OF DEATH: 6-7-49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4403 Towanda Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 15-12

c. Length of stay in Baltimore: 10 YRS (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 4403 Towanda Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
MALE	WHITE	MARRIED		45		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PRINTER		AUSTRIA	

13. FATHER'S NAME: JULIUS

14. MOTHER'S MAIDEN NAME: THREASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		DORA KESSLER	4403 Towanda Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 to 6/7 1949, *that I last saw the deceased alive on* 6/7 1949, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward O. Weems M.D.	1847 W. Ford Ave.	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-9-49	Hebrew Herrang Park	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 1949	Huntington Williams, M.D.	Jack Lewis Inc -	2100 Eutaw Pl.

VS 150

94a

G75170 ✓ 1.4 G75170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINNIE B. JORDAN

2. DATE OF DEATH: 6-7-49.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 435 W. MONUEMENT ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 25 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE I. MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 11-2
D. STREET ADDRESS (If rural, give location): 435 W. MONUEMENT ST.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
FEMALE	COLORED	MARRIED	6-8-1901	47	11	30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	NORTH CAROLINA	U.S.A.

13. FATHER'S NAME: ELLIS BASNIGHT

14. MOTHER'S MAIDEN NAME: JOELLER MIDGETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		BOSCOE BASNIGHT	614 PERKINS ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cardio-vascular Uremia and Passive Congestion of Liver	
DUE TO (B)	Hypertension	(?)
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28/49 19__, to 6/7/49, 19__, *that I last saw the deceased alive on* 6/7/49 19__, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jas. S. Julian Jr. M.D.	511 N. Fulton Ave.	6/7/49.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	6-11-49	MT. AUBURN	BALTIMORE CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Cunningham Williams, M.D.	WM. A. JACKSON	916 PENNA. AVE.

VS 150

927

G75171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

442 Registered No. G75171

BIRTH NO

1. NAME OF DECEASED (Type or Print): David Bailey

2. DATE OF DEATH: JUN 6 - 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 24 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-5
D. STREET ADDRESS (If rural, give location): 404 E. Oliver St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
Male	Colored	Married	4-18-01	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Bailey
14. MOTHER'S MAIDEN NAME: ? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service:
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiovascular renal disease
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5- 1949 *to* 6-6- 1949, *that I last saw the deceased alive on* 6-6- 1949, *and that death occurred at* 10:50 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: H R Buckmann M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 6/7/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-9-49
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1110 Brantley Ave

VS 150

131a

G75172 BALTIMORE CITY HEALTH DEPARTMENT 42-10 G75172

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Mamie Jackson
2. DATE OF DEATH: June 6, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Maryland; b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore; d. STREET ADDRESS (If rural, give location) 1709 Druid Hill Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Prov't Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 15 1905
9. AGE (In years last birthday): 44 — If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Corandem Jackson
14. MOTHER'S MAIDEN NAME: Marie Roots
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Atlanta Collick ADDRESS 1709 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10 , 1949 *to* 6/6 , 1949 *that I last saw the deceased alive on* 6/6 , 1949 *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Paxton Grant M.D.
23B. ADDRESS: 601 N. Carrollton
23C. DATE SIGNED: 6/9/49

24A. FINAL DISPOSITION (Burial, Cremation, Removal (Specify)): Burial
24B. DATE: 6/9/49
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Harland Funeral Home
ADDRESS: 1631 Druid Hill Ave

VS 150

93D

G75173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75173

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LENA EVANS (WILLIAM EDWARD EVANS)

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1229 McCulloh Street 11-4

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months, Days	If under 24 hours: Hours, Min.
Female	Colored	Single	May 30, 1902	47 smt		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	---	Annapolis, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simon Williams, A. A. Co., Md.	Mary ?, Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No			Leon Evans	1229 McCulloh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR	23C. DATE SIGNED
William J. McClafferty M.D.	☒	June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-10-49	Mt. Auburn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9-1949	Huntington Williams, M.D. Registrar of Vitals	Mrs Katie R. Williams	322 N Schroeder St

VS 151

G75174

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

002 G75174 Registered No.

1. NAME OF DECEASED (Type or Print) BESSIE GORDON	2 DATE OF DEATH June 6, 1949
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital c. Length of stay in Baltimore Yrs. Mos. Days	4 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A STATE Maryland B COUNTY C CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore D STREET ADDRESS (If rural, give location) 325 Fremont Avenue 4-2
5. SEX female	6 COLOR OR RACE colored
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8 DATE OF BIRTH Jan. 1, 1902
9 AGE (In years last birthday) 47	If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	10B. KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country) Florence S. C.	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?	14 MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16 SOCIAL SECURITY NO
17 INFORMANT John A. Washington	ADDRESS 325 S. Fremont Aven

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis
DUE TO Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☒
21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an* Inquiry & Inspection *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE William J. McClafferty M D	23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒	23C. DATE SIGNED June 6, 1949
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-10-49	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) Balto.	(State) Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1949	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25 FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS 3224 Edmondson Ave		

VS 151

13B

G751175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G751175 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Eugene B. Hargadon

2. DATE OF DEATH: June 8th 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland: Balto
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospit.
C. Length of stay in Baltimore: 60 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 6-2
D. STREET ADDRESS (If rural, give location): 626 S Payson St Balto 23, Md.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8.30.83
9. AGE (In years last birthday): 65 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: BRIAN Hargadon
14. MOTHER'S MAIDEN NAME: Harriet Echo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Carrie Hargadon ADDRESS: 626 S. Payson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion.

DUE TO

(B) Coronary Heart Disease

DUE TO

(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23th 1949 to June 8th 1949 that I last saw the deceased alive on June 8th 1949, and that death occurred at 7.15 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Carlos J. Castellanos M.D.
23B. ADDRESS: Bon Secours Hosp
23C. DATE SIGNED: June 8th 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 11, 1949
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Lexington Williams M.D.

25. FUNERAL DIRECTOR: Harry A. Wiltze & Edmondson Ave ADDRESS

VS 150

94a

(38-128955) (7751-46)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 44 Registered No. (7751-46)

1. NAME OF DECEASED (Type or Print): Frank Claggett

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. City Hospitals

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D STREET ADDRESS (If rural, give location): 1321 Little Walsh Street. 4-2

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Sept. 22, 1899
9. AGE (In years last birthday): 49 (If under 1 Year: Months Days; If under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Clayton

14. MOTHER'S MAIDEN NAME: Amelia Claggett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: RECORDS*BALTO. CITY HOSPITALS ADDRESS 4940 Eastern Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO Arteriolar Nephrosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Hypertensive Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT SUICIDE HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 5-13 *19* 49, *to* 6-6- *, 19* 49, *that I last saw the deceased alive on* 6-6 *19* 49, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Arzen M. D.
23B ADDRESS: 4940 Eastern Avenue
23C DATE SIGNED: 6-8-49

24A. BURIAL CREMATION REMOVAL (Specify): Burial
24B DATE: 6/10/49
24C NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR ADDRESS: Geo. G. Kelson 1303 Pressetman St.

VS 150

131a

G75177 — BALTIMORE CITY HEALTH DEPARTMENT — G75177

BIRTH NO. — CERTIFICATE OF DEATH — Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM M. DANEKER

2. DATE OF DEATH: June 7, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore — Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1219 East North Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If under 24 Hours: Hours / Min.
male	white	married	July 12 1886	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Marine Merchant Ships.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Michael W. Daneker
14. MOTHER'S MAIDEN NAME: Catherine ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO
17. INFORMANT: Gertrude E. Daneker — ADDRESS: 1219 E North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Methyl alcohol poisoning
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Acute alcoholism
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH | 21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M D
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [X]
23C. DATE SIGNED: June 8, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	June 11/49	Loudon Park.	

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25 FUNERAL DIRECTOR — ADDRESS: Paul E. Schaumleffel Jr. 3615 Gwynn Oak Ave

VS 151

77C

G751'78

CERTIFICATE CORRECTED 6-9-49 G751'78

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 490 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ada Bradshaw Tapp — 2. DATE OF DEATH June 7/49

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2432 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-3

c. Length of stay in Baltimore 31 yrs. (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location) 2432 Druid Hill Ave

5. SEX F. — 6. COLOR OR RACE C. — 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) M. — 8. DATE OF BIRTH Feb 12, 1905 — AGE (In years last birthday) 44 (If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Roxboro N. C. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jesse Tapp — 14. MOTHER'S MAIDEN NAME Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Nathan Tapp — ADDRESS 2432 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 9 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6 1949 to 6-9 1949 *that I last saw the deceased alive on* 6-7 1949 *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE Stanford R Swanson M.D. — 23B. ADDRESS 2309 Druid Hill — 23C. DATE SIGNED 6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE June 10/49 — 24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem — 24D. LOCATION (City, Town or County) (State) A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1949 — REGISTRAR'S SIGNATURE [redacted] Nathaniel, M.D. — 25. FUNERAL DIRECTOR Mrs Dotts A. Elliott Douglass — ADDRESS 1129 N. Carlton St 108

BUR'S 750

G751179 BALTIMORE CITY HEALTH DEPARTMENT G751179

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Isaac Abrams

2. DATE OF DEATH: 6/9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1809 Presbury St

C. Length of stay in Baltimore: 50 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1809 Presbury St 15-2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Married	1884	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor		Russia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Israel Abrams	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		Max Abrams	1809 Presbury St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Inspection Inquiry *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry, *find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: John R Davis M.D | 23B. CHIEF MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER / MEDICAL INVESTIGATOR ☒ | 23C. DATE SIGNED: 6/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Buried	June 10/49	Shomre Mishneres Roselle	Balto, Md. 240 Abs

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
VS JUN 9-1949	Huntington Williams, M.D.	Sol Levinson Bros.	1126 W North Ave

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G75180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75180

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Lipsitz

2. DATE OF DEATH: 8 June, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Baltimore General Hospital (DOA)

C. Length of stay in Baltimore: 40 Years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2009 Ruxton Avenue 15-4

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1884
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abraham Rosen
14. MOTHER'S MAIDEN NAME: Katie Edlavitch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Louis Lipsitz ADDRESS: 2009 Ruxton Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Disease
DUE TO
(B) Hypertensive Cardio-Vascular Disease — 3 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 8 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 10/49
24C. NAME OF CEMETERY OR CREMATORY: Mickro- Kodesh
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 - 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS: 1124 W North Ave

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G75181

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75181

1. NAME OF DECEASED (Type or Print): NELLIE L. THOMAS

2. DATE OF DEATH: 6-8-49

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Home 822 N. Gaulton

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-1
D. STREET ADDRESS (If rural, give location): 822 N. Gaulton Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	Colored	Single	Aug. 13 1881	67 67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Easton, Md	U.S.A.

13. FATHER'S NAME: Daniel Thomas

14. MOTHER'S MAIDEN NAME: Ellen Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Ella Henson ADDRESS: 1623 Division St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* JAN, 1949, *to* JUNE 7, 1949, *that I last saw the deceased alive on* 6-7, 1949, *and that death occurred at* 7:25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thomas W. Harris M. D.	1824 W. Franklin St	6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-11-49	Mt. Auburn Cem	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 1949	Timothy F. Williams, M.D.	Wm. Francis A. Hensley	578 W. Biddle St

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G75182 ✓ .5182

BIRTH NO. G75182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 Registered No.

1. NAME OF DECEASED (Type or Print): SISTER: MAMIE M. HARTMAN

2. DATE OF DEATH: JUNE 7th. 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN DEACONESS MOTHERHOUSE 2500 WEST NORTH AVE.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
CITY OR TOWN (If outside corporate limits, write IN R.D. and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2500 WEST NORTH AVE.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
FEMALE	WHITE	SINGLE	9/12/1886	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DEACONESS	LUTHERAN DEACONESS	STARVI[illegible] PA.	USA

13. FATHER'S NAME: ABRAHAM HARTMAN

14. MOTHER'S MAIDEN NAME: MARIE L. MEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
NO	

17. INFORMANT: SISTER MARTHA, 2500 North Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Metastatic Carcinoma of liver.

DUE TO

II
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST: Carcinoma of Cervix

DUE TO

III
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar 10-48	Carcinoma of Cervix	YES [ ] NO [X]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar 10 *, 19*48 *to* [illegible] *, 19*49*, that I last saw the deceased alive on* June 6 *, 19*49*, and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.		6/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City or Town) (County) (State)
BURIAL	JUNE 10/49	MANCHESTER	MANCHESTER PA.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 9 - 1949	Tuttington Williams, M.D.	F.B. WIPPERT & SON	1300 EUTAW PLACE

4612

G75183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75183

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edwin G Wells

2 DATE OF DEATH: 6/7/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland 309 E 33rd. St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Maryland
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D STREET ADDRESS (If rural, give location): 309 E 33rd. St.

5. SEX	6 COLOR or RACE	7 SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Married	12/29.1879	69	5	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retired Marble Agent		Maryland	

13. FATHER S NAME: Edwin F Wells

14 MOTHER S MAIDEN NAME: Rose R Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT	ADDRESS
		Dr G. J Wells	309 E 33rd. St. Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH
(A)	Coronary occlusion	Immed
DUE TO (B)	Cardio - vascular	
DUE TO (C)	Hypertensive disease	3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B MAJOR FINDINGS OF OPERATION	20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22 *I hereby certify that I attended the deceased from* June 1946 *to* June 7, 1949 *that I last saw the deceased alive on* June 6, 1949 *and that death occurred at* 10 30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE	23B ADDRESS	23C DATE SIGNED
Homer L. Todd M. D.	2108 St. Paul St.	6/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
Burial	6/10/49	Druid Ridge Cemetery	Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JUN 9 1949	Huntington Williams, M.D.	John O. Mitchell & Sons.	1900 Eutaw Pl.

VS 150

93D

G75184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

17° G75184 Registered No.

1. NAME OF DECEASED (Type or Print): Barbara Krug

2. DATE OF DEATH: 6/7/1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 706 S. MONTFORD AVE.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 706 S. Montford Ave.

1-3

5. SEX: Female
6. COLOR or RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/19/1866
9. AGE (In years last birthday) If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.: 82 Yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: ? Schmidt
14. MOTHER'S MAIDEN NAME: Margaret ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: Michael Krug ADDRESS: 706 S. Montford Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma left breast — DUE TO
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1948 *to* June 7, 1949 *that I last saw the deceased alive on* June 6, 1949, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Pokorny M.D.
23B. ADDRESS: 2200 E Madison St
23C. DATE SIGNED: 6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/11/1949
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, Town, or County) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. ADDRESS: 403 S. Wolfe St.

VS 150
JUN 9 - 1949

50 Baltimore 31, Md.

G75185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54.4 G75185

Registered No.

BIRTH NO. B.C. 49.11547

1. NAME OF DECEASED (Type or Print) Baby Girl White

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore
D. STREET ADDRESS (If rural, give location)

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Single

8. DATE OF BIRTH

9. AGE (In years last birthday) If under 1 year: Months, Days. If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Charles White

14. MOTHER'S MAIDEN NAME: Helen Annette Good

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

(B) Congenital Heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? yes ☐ no ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* 6/8/ 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Ehrlich M.D.

23B. ADDRESS: [illegible] Eutaw Street

23C. DATE SIGNED: 6/[illegible]/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: June 10, 1949

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 8 1949

REGISTRAR'S SIGNATURE: [illegible] Washington Williams, M.D.

25. FUNERAL DIRECTOR: Leonard J. Rusk

ADDRESS: 5305 Harford

15 7E

G75186 G75186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. [illegible]

BIRTH NO

1. NAME OF DECEASED (Type or Print): MRS. NELLIE. SWIFT
2. DATE OF DEATH: June 9-1949
3. PLACE OF DEATH: A. Baltimore City, Maryland
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore; D. STREET ADDRESS (If rural give location) 126. S. Calverton Road
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 10, 1896
9. AGE (In years last birthday) Under 1 Year Months Under 24 Hours Hrs Min: 53 / 1 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF (What country): U.S.A.
13. FATHER'S NAME: Charles Shelton
14. MOTHER'S MAIDEN NAME: Lorraine Meredith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO: ?
17. INFORMANT: Mrs Ethel M Stambaugh ADDRESS 4700 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) BILATERAL PULMONARY EDEMA
DUE TO
(b) Diabetes MELLITUS
DUE TO AND ATERIO SCLEROSIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: RIGHT MID-THIGH AMPUTATION RECENT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 5-16 & 5-31
19b. MAJOR FINDINGS OF OPERATION: LENGAR SARCOMATOSIS - RECENT AMPUTATION
AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If outside Baltimore City give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12 1949 to 6/9 1949 that I last saw the deceased alive on 6/9 1949, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE: John H. Adams M.D.
23b. ADDRESS: 10 E. Lexington St.
23c. DATE SIGNED: 6/10/49

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: 6-11-49
24c. NAME OF CEMETERY OR CREMATORY: London Park
24d. LOCATION (City, Town, or County) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 9 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George L. Schwob
ADDRESS: 2101 Frederick Ave.

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G75187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G75187

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR. George Griffin

2. DATE OF DEATH: June 9, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital

C. Length of stay in Baltimore: 6 ds (Yrs / Mos / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middle River
D. STREET ADDRESS (If rural, give location): 54 Henderson Road

5. SEX: M
6. COLOR or RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 3/28/1889
9. AGE (In years last birthday): 60 (If under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Not Given
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Griffen
14. MOTHER'S MAIDEN NAME: Ida Frigett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Patricia Cornell ADDRESS: CHHosp

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral hemorrhage, right rictual capsule, cause unknown	6 days
DUE TO (B)	HCVD	30 yrs?
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Obesity	30 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? yes ☐ no ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 1949 *to* June 9, 1949, *that I last saw the deceased alive on* June 9, 1949, *and that death occurred at* 1:55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lee M. Howard, M.D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 6/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/11/49
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible] St. Paul St.

VS 150

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G75188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 G75188 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edwin F. Gibbons

2. DATE OF DEATH: 6/8/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1507 Lochwood Rd

c. Length of stay in Baltimore: Yrs. 27 Mos. 9 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1507 Lochwood Rd

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 2/18/1875
9. AGE (In years last birthday): 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.
3 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Whse Wiping Cloth Co
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Gibbons
14. MOTHER'S MAIDEN NAME: Frances Logsden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO: 212-09-1183
17. INFORMANT: Edwin C. Gibbons ADDRESS: 5508 Curtis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.
DUE TO
(B) Hypertensive Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to 6/8, 1949 that I last saw the deceased alive on 6/7, 1949 and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: O. Earl Grossman M. D.
23B. ADDRESS: 1212 N Patterson Park Ave
23C. DATE SIGNED: 6/ 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/11/49
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Custer for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Bat Inc. ADDRESS: 217 N. Paul St

VS 150

93D

G75183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 ✓ Registered No. G75183

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Kessling

2. DATE OF DEATH: June 8th 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1241 E. Lanvale St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 9-4
D. STREET ADDRESS (If rural, give location): 124 E. Lanvale St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7/17/1854
9. AGE (In years last birthday): 84 — If under 1 year: Months 11, Days 21; If under 24 hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: Sick
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Kessling
14. MOTHER'S MAIDEN NAME: Mary N. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A). Arteriosclerotic Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

— ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic Cardiitis — ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓/14, 1949 *to* 6/8, 1949, *that I last saw the deceased alive on* 6/8 1949 *and that death occurred at* m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph A. Blum MD M.D.
23B. ADDRESS: 1114 N. Calvert St
23C. DATE SIGNED: 6/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6/11/49
24C. NAME OF CEMETERY OR CREMATORY: Zion
24D. LOCATION (City, town, or county) (State): Stewartstown Pa.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 127 St. Paul St.

VS 150

121a

G75190

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

735 Registered No.

G75190

1. NAME OF DECEASED (Type or Print): William Thompson

2. DATE OF DEATH: June 9, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital

c. Length of stay in Baltimore: 4 mo. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	W	Single	[illegible] 1887	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Refrigeration	Chicago Ill	U.S.A.

13. FATHER'S NAME: Geo W. Thompson

14. MOTHER'S MAIDEN NAME: Nellie Mooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	214-10-5795	Hospital records.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Embolism

DUE TO
(B) Herniated intervertebral disc

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO Spondylolisthesis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Metastatic carcinoma of sacrum

INTERVAL BETWEEN ONSET AND DEATH: Abt. 5 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 7, 1949	Bilateral Cordotomy for relief of pain	YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 13, 1948, to June 9, 1949, *that I last saw the deceased alive on* June 9, 1949, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Thos C. Ozazewski M.D.	University Hospital	June 9, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Jun 11-49	Blue Ridge Cem	Thurmont Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Williams, M.D.	M. L. Creager	Thurmont

VS 150

46 E

Correct age is especially important. Physician: please write plainly.

G75191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75191

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM STEWART

2. DATE OF DEATH June 3, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Baltimore General Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 730 S. Charles Street 22-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Colored	Widowed.	Unknown.	74 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
none	none	North Carolina	Usa.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Stewart	Georgia Young.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	none	Georgiana Conniff.	421 No Pine St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V disease — DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ..... DUE TO

(C) .....

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20 AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE C. L. Schmidt M.D. — 23B CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ — 23C. DATE SIGNED 6-8-49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
6/11/49	6/11/49	Mt. Calvary Cmtry	

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 25. FUNERAL DIRECTOR: Walter D. Spragg — ADDRESS: 1341 W Hendy St

VS 15

correct age is especially important. Physicians, please write plainly.

927

75192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ X 45-6 G75192

BIRTH NO

Registered No.

1. NAME OF DECEASED (Type or Print) Emza Cook

2. DATE OF DEATH JUN 8 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY Baltimore Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) #9 Glen Burnie
D. STREET ADDRESS (If rural, give location) Box 157 B. R.F.D.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
Female	Colored	Married	7-5-18	30		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Md	

13. FATHER'S NAME William Taylor

14. MOTHER'S MAIDEN NAME Augusta Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
			JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Acute Disseminate Lupus Erythematosis — 3-5 yrs.

DUE TO

(C) [illegible] Renal Infection

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
Urinary Tract Infection

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-5- 1949 to 6-8- 1949 *that I last saw the deceased alive on* 6-8 1949, *and that death occurred at* 12 noon *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
D Jackson M.D.	JOHNS HOPKINS HOSPITAL	6/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
	June 11-49	Mt. Calvary	a.a. co. md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Williams, M.D.	James A Stayer	142 W. Hoff

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75193

Registered No. 6

BIRTH NO. B.C.49-13205

1. NAME OF DECEASED (Type or Print): Young Baby Boy (Mother Ruth)

2. DATE OF DEATH: 6- 4- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1830 E. Madison ST. Z 5 7-05

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-4-49
9. AGE (In years last birthday) | If under 1 year: Months, Days | If under 24 hours: Hours, Min.: 3 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leroy Jackson
14. MOTHER'S MAIDEN NAME: Ruth Young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* 6- 4- , 1949, *to* 6- 4- , 1949 *that I last saw the deceased alive on* 6- 4- 1949, *and that death occurred at* 6.10A *m., from the causes and on the date stated above.*

23A. SIGNATURE: G. S. Rogers M. D.
23B. ADDRESS: B.C.H. 4940 Eastern Ave.
23C. DATE SIGNED: 6-6-49

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 6-8-49 @ 9:A.M.
24C. NAME OF CEMETERY OR CREMATORY: B.C.H. CREMATORY
24D. LOCATION (City, town, or county) (State): 4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Registrar for Baltimore, Md.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

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CN. 129430 762.5

G75194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75194

Registered No.

BIRTH NO. B.C.49-11925

1. NAME OF DECEASED (Type or Print): Frederick Baby Girl (Mother -Olivia)

2. DATE OF DEATH: 6- 6- 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1210 Waldo CT. 5-01

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	Negro	S	6- 5- 1949		1	Day

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Frederick

14. MOTHER'S MAIDEN NAME: Olivia Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT: B.C.H. Records ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intra-Cranial Hemhorrage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Prematurity Fetal Atelectasis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 6- 5- 1949 *to* 6- 6- 1949, *that I last saw the deceased alive on* 6- 6- 1949 *and that death occurred at* 6.30P *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. A. Rogan M. D.

23B. ADDRESS: B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED: 6-7-1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 6- 8-1949 At 9.00Am

24C. NAME OF CEMETERY OR CREMATORY: B.C.H. Crematory

24D. LOCATION (City, town, or county) (State): 4940 Eastern Ave. MD.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS:

Correct age is especially important. Please write clearly.

VS 150

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G75195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4201

Registered No. G75195

BIRTH NO

1. NAME OF DECEASED (Type or Print): Clara Lawrence

2. DATE OF DEATH: MAY 13 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore: 65 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE: Md
B COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D STREET ADDRESS (If rural, give location): 1318 Orleans St 501

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: 5-10-87- ?
9. AGE (In years last birthday): 65 ?
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Thomas
14. MOTHER'S MAIDEN NAME: Ruth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Anteroseptal Myocardial Infarction

DUE TO

(B) Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 5-10- 1949 to 5-13- 1949, that I last saw the deceased alive on 5-13 1949 and that death occurred at 1250 m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas McAlpin Jeffs M. D.
23B ADDRESS: JOHNS HOPKINS HOSPITAL
23C DATE SIGNED: 5/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: May. 16/49
24C NAME OF CEMETERY OR CREMATORY: Royal Oak Cemetery
24D. LOCATION (City, town, or county) (State): Royal Oak Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5/16/49
REGISTRAR'S SIGNATURE: H. L. Nelsen
25 FUNERAL DIRECTOR: Carlin-Chaffee Funeral Home
ADDRESS:

JUN 10 1949 Huntington Williams, M.D.

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G75196

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 Registered No.

G75196

1. NAME OF DECEASED (Type or Print): Isaac Litofsky

2. DATE OF DEATH: 6-9-49

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2545 Park Heights Terrace
c. Length of stay in Baltimore: 36 Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Ba
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2545 Park Heights Terrace

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 65 (If under 1 year: Months, Days; If under 24 hours: Hours, Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Hannah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: Leta Litofsky ADDRESS: 2545 Park Heights Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Lung
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6 '49 to 6-9, 1949 that I last saw the deceased alive on 6-9, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE: M.W. Jacobson M.D.
23B. ADDRESS: 2310 Eutaw Place
23C. DATE SIGNED: 6-9-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-10-49
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

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G75197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20. ✓ G75197 Registered No.

BIRTH NO B.C. 49-12308

1. NAME OF DECEASED (Type or Print) BABY BOY STEWART

2. DATE OF DEATH 6-1-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSP.

c. Length of stay in Baltimore 0 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3023-01
D. STREET ADDRESS (If rural, give location) 151 W. Hamburger St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months, Days	If Under 24 Hours: Hours, Min.
M	C	S	6-1-49			9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	U.S.A.

13. FATHER'S NAME James Johnson

14. MOTHER'S MAIDEN NAME Rose Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
		mother	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Lues ? DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1- *1949, to* 6-1- *1949, that I last saw the deceased alive on* 6-1- *1949 and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W.A. Uhlemann M.D.	Univ. Hosp.	6-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL JUN 2 1949	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Williams, M.D.		

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G75198

BIRTH NO. B.C. 49-14811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 74 · G75198
Registered No.

1. NAME OF DECEASED (Type or Print): DOWD, BABY GIRL

2. DATE OF DEATH: MAY 17, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSP.

c. Length of stay in Baltimore: 1 Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY
920 N. Gatham St.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location)

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY 16, 1949
9. AGE (In years last birthday): 0 — If Under 1 Year: Months 0, Days 1 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Friends
14. MOTHER'S MAIDEN NAME: Mildred Dowd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Mildred Dowd — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio - Respiratory failure
DUE TO
(B) PREMATURITY
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 24 HR

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ✓

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949 to May 17, 1949 that I last saw the deceased alive on May 17, 1949 and that death occurred at 11 P. m., from the cause and on the date stated above.

23A. SIGNATURE: David Dowd M.D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 5/31/49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, Town, or County) (State)

UNIVERSITY MEDICAL SCHOOL JUN 27 1949

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

159

G75199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. B.C. 49-11213

Registered No. G75199

1. NAME OF DECEASED (Type or Print) BABY GIRL LOLLIS

2. DATE OF DEATH 5-25-49

3. PLACE OF DEATH
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, give usual residence before admission.)
A. STATE Md.
B. COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital

5. STREET ADDRESS (If rural, give location) 301 N. Paca St.

c. Length of stay in Baltimore 2 Days

5. SEX F

6. COLOR or RACE C

7. SINGLE MARRIED WIDOWED DIVORCED (specify) S

8. DATE OF BIRTH 5-25-49

9. AGE (In years if over 1 year) If under 1 year: Months Days If under 24 hours: Hours Min. 2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or Foreign Country) Md

12. CITIZEN OF (What country?)

13. FATHER'S NAME Harold Albert Lollis

14. MOTHER'S MAIDEN NAME Leona Minerva Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Mann ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital atelectasis, L.
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25-1949 to 5-27-1949, that I last saw the deceased alive on 5-27-1949 and that death occurred at 2 40 P m., from the causes and on the date stated above.

23A. SIGNATURE Wm. Mann M.D.

23B. ADDRESS University Hosp

23C. DATE SIGNED 5-27-49

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL JUN 2 1949

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1949

REGISTRAR'S SIGNATURE Eustace Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

161a

G75200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 43 G75200

BIRTH NO B.C. 49-10848

1. NAME OF DECEASED (Type or Print): Baby Boy Brown

2. DATE OF DEATH: May 27, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore: 6 hrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16
D. STREET ADDRESS (If rural, give location): 2203 Monticello Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: May 26, 1949
9. AGE (In years last birthday) (If under 1 year: Months, Days; If under 24 hours: Hours, Min.): 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leonard Brown
14. MOTHER'S MAIDEN NAME: Ruth Kirshner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ruth Brown — ADDRESS: 2203 Monticello Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity
DUE TO
(B) Premature Rupt. of Membranes 3 days
(C) Interference at Vaginal Delivery

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 5-17- 19 49, to 5-27- 19 49, that I last saw the deceased alive on 5-27- 19 49, and that death occurred at 7.11 m., from the causes and on the date stated above.

23A. SIGNATURE: L. M. Lehrer, M. D.
23B. ADDRESS: Sinai Hosp. of Balto.
23C. DATE SIGNED: 5-31-49

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL JUN 2 1949
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 1949
REGISTRAR'S SIGNATURE: Thurston Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

157E

675-01 ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

760 G75-01 Registered No.

BIRTH NO. B.C. 49-1313

1. NAME OF DECEASED (Type or Print): ANDY ROSS NELSON

2. DATE OF DEATH: MAY 26, 1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Balto. Gen. Hosp.

C. Length of stay in Baltimore: Yrs. — Mos. — Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: md
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasadena
D. STREET ADDRESS (If rural, give location): Old Annapolis Blvd

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: 5/25/49
9. AGE (In years last birthday) If under 1 year: Months 1, Days 5; If under 24 hours: Hours —, Min. 47

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): West Balto Gen Hosp.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROSTRON NELSON
14. MOTHER'S MAIDEN NAME: Nellie Willet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mother — ADDRESS: Same

MEDICAL CERTIFICATION

16. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracranial hemorrhage
DUE TO Subarachnoid + intraventricular.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B)
DUE TO Trauma from difficult breech Extraction
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 8:02 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Francis D. Grusselsine M. D.
23B. ADDRESS: W. Balto. Gen. Hospital
23C. DATE SIGNED: May 31, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL JUN 2 1949
24D. LOCATION (City, Town, or County) (State)

DATE RECEIVED BY LOCAL REGISTRAR: JUN 1 0 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25. FUNERAL DIRECTOR
ADDRESS

160a

G75202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

60

Registered No. G75202

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALBERT G. SCHUMACHER

2. DATE OF DEATH June 7-1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 643 Augusta ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

C. Length of stay in Baltimore 80 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Maryland
B. COUNTY —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.
D. STREET ADDRESS (If rural, give location) 643 N. Augusta ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Male	White	Married

8. DATE OF BIRTH Apr. 29-1869
9. AGE (In years last birthday) 80
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano Tuner
10B. KIND OF BUSINESS OR INDUSTRY Piano Business

11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John H. Schumacher
14. MOTHER'S MAIDEN NAME Amelia Nurnberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Ella Wooten Schumacher ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18.		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Chronic Myocarditis	2 yrs
ANTECEDENT CAUSES	DUE TO (B) Arterio-Sclerosis	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) Diabetes Mellitus	3 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 7—, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 7-45 A m., from the causes and on the date stated above.

23A. SIGNATURE E. Gill Hall M.D.
23B. ADDRESS 1631 E North Ave
23C. DATE SIGNED June 8-1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 6-10-49
24C. NAME OF CEMETERY OR CREMATORY London Park
24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1949
REGISTRAR'S SIGNATURE Curtis Williams, M.D.
25. FUNERAL DIRECTOR Geo. L. Beyer Jr. ADDRESS 1512 Hollins St

VS 150

61

G75203

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E-524.0 G7520

Registered No.

1. NAME OF DECEASED (Type or Print) MELVIN WHITE

2. DATE OF DEATH June 5, 1949

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
d. STREET ADDRESS (If rural, give location) 912 Druid Hill Avenue

5. SEX	6. COLOR or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months Days	If Under 24 Hours: Hours Min.
male	colored	?	Oct. 15 1909	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dennmark S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Taddeus White
14. MOTHER'S MAIDEN NAME Dora Smith.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT Percy White - 654 W Saratoga St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture and dislocation of lumbar vertebrae
DUE TO
(B) Fractured ribs.
DUE TO Pyelonephritis.
DUE TO Terminal bronchopneumonia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Ave. and Orchard Street over
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 15 49 1 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? ~~Struck by truck~~ Fell from a truck while in motion

22. *I certify that I took charge of the remains described above, held an* autopsy *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*
(Autopsy, Inspection or Inquiry)

23a. SIGNATURE George G. Merrill M.D.
23b. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23c. DATE SIGNED June 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE 6/9/49
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, County, or Township) (State) Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25 FUNERAL DIRECTOR AND ADDRESS A. Halstead - 978 Druid Hill Ave 1700

VP 151

G73203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

E 124.0 G75203

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) MELVIN WHITE

2 DATE OF DEATH June 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland
B COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 912 Druid Hill Avenue

5. SEX	6 COLOR OR RACE	7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
male	colored	?	Oct. 15 1909	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laborer		Hemmade S.C.	U.S.A.

13. FATHER'S NAME Taddeus White

14 MOTHER'S MAIDEN NAME Dora Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17 INFORMANT
			Percy White - 654 W Lanvale St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture and dislocation of lumbar vertebrae

DUE TO (B) Fractured ribs.

DUE TO (C) Pyelonephritis.

DUE TO (D) Terminal bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Ave. and Orchard Street over

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 15 49 1 a m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? ~~Struck by truck~~ Fell from a truck while in motion

22. *I certify that I took charge of the remains described above, held an* autopsy *(Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE Geo. G. Merrill M.D.

23B CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Buried	6/9/49	Mt. Calvary	Cedar Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Williams, M.D.	A. Halstead - 908 Druid Hill Ave. 1702	

YB 151

Please write the cause of death clearly and legibly. Physician: please note that correct age is especially important.

G75204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G75204

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PETER HENRY IPES

2. DATE OF DEATH: 6-9-49 @ 3.40 am

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen'l Hosp.

C. Length of stay in Baltimore: life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5319 Cordelia Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	W	M	Jan. 11, 1896	53 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer, Fire Dept.	Baltimore City	Baltimore, Md.	

13. FATHER'S NAME: Alfred Ipes

14. MOTHER'S MAIDEN NAME: Nellie Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	World War #1		Mr. Louis Saylor	Cumberland, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Right cerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs
DUE TO
(B) Arteriosclerotic Cardiovascular Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/7/49, 1949, to 6/9/49, 1949, *that I last saw the deceased alive on* 6/9, 1949, *and that death occurred at* 3.45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. D.	SAME	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	06/13/49	Baltimore National Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Williams, MD	WM. J. TICKNER & SONS	Balto., Md.

VS 150

93D

G75205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170

G75205

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE M. STEGMAN

2. DATE OF DEATH 6/9/49

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CHURCH HOME & HOSP

c. Length of stay in Baltimore – LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27 12
D. STREET ADDRESS (If rural, give location) – 322 TUNBRIDGE ROAD

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	single	MARCH 10 1893	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sect. Record Librarian	Church Home	BALTIMORE Md.	U.S.

13. FATHER'S NAME: JOHN HENRY STEGMAN

14. MOTHER'S MAIDEN NAME: ANNA S. FELDHAUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	no	Mr. Edward J. Stegman	322 Tunbridge Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO: CARCINOMA OF LEFT BREAST & METASTASIS TO LIVER, RIBS, SPINE, & FEMUR

(B) DUE TO: BRONCHOPNEUMONIA

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg. etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/30, 19 49 *to* 6/9, 19 49, *that I last saw the deceased alive on* 6/9, 19 49, *and that death occurred at* 4:05 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Edward W. Mintz M. D.	Church Home & Hosp	6/10/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Burial	6/13/49	Woodlawn Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REMOVAL STORE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Huntington Store Nathania, Md	WM. J. TICKNER & SONS	Balto., Md.

VS 150

50

G75206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

545 Registered No. G75206

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John William Roettger Jr. — 2. DATE OF DEATH: June 9, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balt

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE MD. B. COUNTY BALT.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALT.

c. Length of stay in Baltimore: 67 yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 2125 Dukeland 180 . 47

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
MALE	White	MARRIED.	July 2, 1881	67.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accounting Dept.

10B. KIND OF BUSINESS OR INDUSTRY: U. S. F. & G. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Roettger Sr.

14. MOTHER'S MAIDEN NAME: Annie Hildebrandt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: 215-07-8500

17. INFORMANT: Mrs. Bessie M. Roettger — ADDRESS: 2125 Dukeland St

MEDICAL CERTIFICATION

(Physician: please fill in all items. Important. If special, please state age in years.)

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

(B) Pyloric obstruction

DUE TO

(C) Gastric resection

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 6, 1949 — 19B. MAJOR FINDINGS OF OPERATION: Pyloric obstruction —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/13, 1949 *to* 6/9, 1949 *that I last saw the deceased alive on* 6/9, 1949 *and that death occurred at* 3:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Anthony C. Verrone M. D. — 23B. ADDRESS: Maryland Gen. Hosp. — 23C. DATE SIGNED: June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or County) (State)
Burial	6/11/49	Lorraine Cem.	Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25 FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

VS 150

129

G75207 — 1201 — G75207

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Kathleen Quinn

2. DATE OF DEATH: June 9 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland — Dolan 14

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 643 Darley Ave 835

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1-26-37
9. AGE (In years last birthday): 14 — If Under 1 Year: Months 6, Days 12 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Quinn
14. MOTHER'S MAIDEN NAME: Celia Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: no
17. INFORMANT: JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

(B) Pancytopenia 9 G.G.E.

DUE TO

(C) Hodgkin's Disease X-ray & Nitrogen Mustard Rx — 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20 AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4/29 1949 *to* 6/8 1949, *that I last saw the deceased alive on* 6/8 1949, *and that death occurred at* 3 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 6/9/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-13-49
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: [signature] Interim Williams, M.D.
25. FUNERAL DIRECTOR: Edmund W. Conklin
ADDRESS: 924 E Eager St.

VS 150

448

G75208 CERTIFICATE CORRECTED 7-7-49 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 2001 Registered No. G75208

1. NAME OF DECEASED (Type or Print): Robert H. Koenig

2. DATE OF DEATH: June 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

c. Length of stay in Baltimore: 60+ Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Zone #18
D. STREET ADDRESS (If rural, give location): 906 Gorsuch Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar 25, 1889
9. AGE (In years last birthday): 60 — If Under 1 Year: Months 2, Days 13 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Gas + Elect. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George L. Koenig
14. MOTHER'S MAIDEN NAME: Elizabeth Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-5807
17. INFORMANT: Ann Koenig ADDRESS: 906 Gorsuch Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 da
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Lymphosarcoma of Tonsil — 1½ yr
DUE TO

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
(C) Pericarditis, Hemorrhagic Lymph Gland Metastasis

19A. DATE OF OPERATION: April 1948
19B MAJOR FINDINGS OF OPERATION: Lymphosarcoma of tonsil
20. AUTOPSY? YES X NO

21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from May 29, 1949 to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Joseph Beaven Jr M.D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-11-49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Edward W. Conklin ADDRESS: 924 E. Eager St

VS 150

4 F.

G75208 CERTIFICATE CORRECTED 7-7-49 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. | Registered No. G75208

1. NAME OF DECEASED (Type or Print): Robert H. Koenig

2. DATE OF DEATH: June 7, 1949

3. PLACE OF DEATH: A Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A STATE: MARYLAND; B COUNTY:

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Zone #18

c. Length of stay in Baltimore: 60+ Yrs.

D STREET ADDRESS (If rural, give location): 906 Gorsuch Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months Days	If under 24 Hours: Hours Min.
Male	White	Single	Mar 25, 1889	60	2 13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Gas + Elect. Co	Maryland	U.S.A

13. FATHER'S NAME: George L. Koenig

14. MOTHER'S MAIDEN NAME: Elizabeth Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		212-05-5807	Ann Koenig	906 Gorsuch Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Myocardial Infarction	10 da
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B)	Lymphosarcoma of Tonsil	1½ yr
DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(C)	Pericarditis, Hemorrhagic Lymph Gland Metastasis	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 1948	Lymphosarcoma of tonsil	YES X NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 29, 1949 *to* June 7, 1949, *that I last saw the deceased alive on* June 7, 1949, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Joseph J. Bowers Jr M.D.	Mercy Hospital	June 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6-11-49	Holy Redeemer	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 10 1949	Courtesy of Williams, MD	Edward W. Coughlin	924 E. Eager St

VS 150

4-F

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G75203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G75203

BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) Louis Silberman

2. DATE OF DEATH

3. PLACE OF DEATH
A Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission)
A STATE
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital

c Length of stay in Baltimore — Yrs. Mos. Days

5 SEX: M
6 COLOR OR RACE: W
7 SINGLE MARRIED WIDOWED DIVORCED (Specify)
8 DATE OF BIRTH: July 7 1902
A Age (In years last birthday) 46
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Antique Shop
10B KIND OF BUSINESS OR INDUSTRY
11 BIRTHPLACE (State or foreign country): Wyoming Pa
12 CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wasserman
14 MOTHER'S MAIDEN NAME: Lubliner

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)
16 SOCIAL SECURITY #
17 INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Coronary Heart Disease
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES [ ] NO [ ]

21A ACCIDENT SUICIDE HOMICIDE (Specify)
21B PLACE OF INJURY (e. g. in or about home, farm, factory street, office bldg. etc.)
21C WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY
m
21E INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F HOW DID INJURY Ooccur?

22 I hereby certify that I attended the deceased from June 7 1949 to June 7 1949, that I last saw the deceased alive on June 7 1949 and that death occurred at 2 P.M., from the causes and on the date stated above.

23A SIGNATURE: Joseph Free M.D.
23B ADDRESS
23C DATE SIGNED

24A BURIAL CREMATION REMOVAL (Specify): Burial
24B DATE: June 12 1949
24C. NAME OF CEMETERY OR CREMATORY: Salem
24D LOCATION (City, town or county) (State): Dora Chancford Pa

DATE RECEIVED BY LOCAL REGISTRAR: JUN 10 1949
REGISTRAR'S SIGNATURE: Huntington Williams, MD
25 FUNERAL DIRECTOR: Edward J. Armacost
ADDRESS: 5118 94a Gwynn Oak Ave

VS 150

Correct age is especially important. Physician, please write the cause of death in plain English, without abbreviations.

G75210

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#43

Registered No. G75210

1. NAME OF DECEASED (Type or Print) MARY CLEOPHAS MURPHY

2. DATE OF DEATH 6-9-1949

3. PLACE OF DEATH
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3725 ELLERSLIE AVE

c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A STATE MD
B COUNTY
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO
D STREET ADDRESS (If rural, give location) 3725 ELLERSLIE AVE

5. SEX F

6. COLOR OR RACE W

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) SINGLE

8. DATE OF BIRTH MAY 26, 1881

9. AGE (In years last birthday) 68
If under 1 year: Months — Days 13
If under 24 hours: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) ENGLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John J. MURPHY

14. MOTHER'S MAIDEN NAME ANN MALONEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING I

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F HOW DID INJURY OCoccur?

22. *I hereby certify that I attended the deceased from* 9 June 1949 *to* 9 June 1949, *that I last saw the deceased alive on* 9 June 1949, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Wm. H. Kamman, Jr. M. D.

23B ADDRESS 501 Sheridan Ave.

23C DATE SIGNED 10 June 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 6-11-1949

24C NAME OF CEMETERY OR CREMATORY ST. ELIZABETHS

24D LOCATION (City, town, or county) (State) BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1949

REGISTRAR'S SIGNATURE Huntington Williams, MD

25 FUNERAL DIRECTOR H. W. JENKINS & SONS CO.

ADDRESS 4905 YORK RD.

VS 150

93D

correct age is especially important. Physician please

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

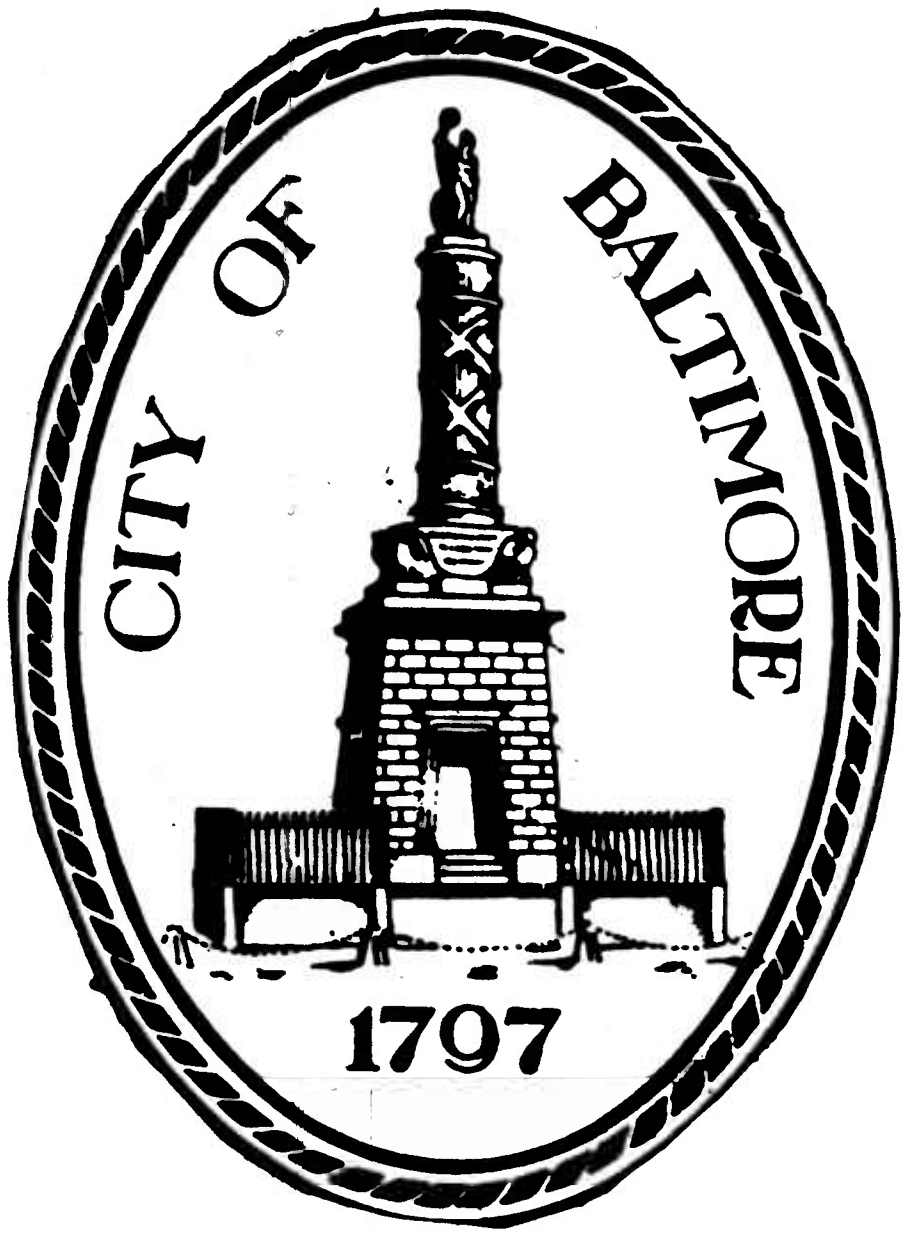
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 9-11 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH 72451 AND ENDING WITH 75210 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Bynoe



END OF REEL